First United Methodist Church
Anytown, Arkansas
CHILD HEALTH FORM
(Part 1 – Health and Allergy Concerns)

Today's Date: _____

Child's Picture

Child's Name:	Birth Date:	Age:
Father's Name:	Cell Phone:	
Mother's Name:	Cell Phone:	
Legal Guardian's Name:	Cell Phone:	
Doctor's Name:	Office Phone:	

□ My child has diabetes
□ My child has asthma
□ My child has _____

My child is allergic to:
□ **Food** (peanuts, tree nuts, shellfish, etc.)
Please specify:_____
Type of reaction:_____
□ **Animals, or Insect stings or bites** (dogs, cats, bee stings, fire ants bites, spider bites, etc.)
Please specify:_____
Type of reaction:_____
□ **Drug or Medication** (Penicillin, etc.)
Please specify:_____
Type of reaction:_____
□ **Environmental Agents** (dust, pollen, mold, animal dander, poison ivy or oak)
Please specify:_____
Type of reaction:_____
□ **Latex**
Type of reaction:_____
□ **Other**
Please specify:_____
Type of reaction:_____

□ My child no longer has allergic reaction symptoms to:_____

If your child has a severe allergy that requires the administration of an epinephrine autoinjector, please complete the Epinephrine Autoinjector Administration Permission on the reverse side of this form.

I agree that *First United Methodist Church* may administer an epinephrine autoinjector by a staff or volunteers in the event of an emergency.

_____

Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

This form will be kept on file for one year and will be renewed annually.

First United Methodist Church
Anytown, Arkansas
CHILD HEALTH FORM
(Part 2 - Epinephrine Autoinjector Administration Permission)

To be completed by parent or legal guardian and kept on record by
First United Methodist Church staff:

Child's Name (as it appears on the epinephrine autoinjector):_____

I hereby authorize the *First United Methodist Church* staff and volunteers to administer an epinephrine autoinjector to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, and hold harmless *FUMC* and any of its staff, volunteers, or agents from lawsuit, claim, expense, demand, or action against them for an injury, forseen or unforeseen, associated with the administration of the epinephrine autoinjector. I am aware that the injection will probably be administered by a staff member or volunteer who is not a healthcare professional.

I have read the Allergy Information and Epinephrine Autoinjector Administration Procedures and agree to provide two epinephrine autoinjectors as required. I understand that I will be called when an epinephrine autoinjector is administered to my child.

The following epinephrine autoinjector has been prescribed. Check as appropriate:

□ _____(brand name of epinephrine autoinjector)

Dosage _____ 0.3mg. of epinephrine _____0.15mg. of epinephrine

□ My child has received adequate training on how and when to use an epinephrine autoinjector and can use it properly in case of an emergency. He or she will carry epinephrine autoinjectors at all times. In the event that my child is not physically able to administer the injection, I agree that a staff or volunteer may administer the epinephrine autoinjector.

_____

Parent /Legal Guardian Printed Name Parent or Legal Guardian Signature Date

EPINEPHRINE AUTOINJECTOR ADMINISTRATION PERMISSION

To be completed by parent or legal guardian and placed in zip lock bag with Epinephrine autoinjectors.

Child's Name (as it appears on the epinephrine autoinjector):_____

Child's Age/Grade: _____ Parent/Guardian Emergency Cell/Phone: _____

My Child is Allergic To: _____

I hereby authorize *First United Methodist Church* staff and volunteers to administer an epinephrine autoinjector to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. I agree to release, indemnify, and hold harmless *FUMC* and any of its staff, volunteers, or agents from lawsuit, claim, expense, demand, or action against them for any injury forseen or unforeseen, associated with the use of an epinephrine autoinjector provided they administer the epinephrine autoinjector prescribed specifically for my child. I am aware that the injection will probably be administered by a staff member or volunteer who is not a healthcare professional. I have read the Allergy Information and Epinephrine Autoinjector Administration Policies and Procedures and agree to provide epinephrine autoinjectors as required. I understand that the parent/guardian will be called when an epinephrine autoinjector is administered to my child.

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Parent/Legal Guardian Printed Name Parent/Legal Guardian Signature Date

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