

Allergy and Anaphylaxis Emergency Plan (Adopted from American Academy of Pediatrics)

Student's name: _____ Date of plan: _____

Additional Instructions:

As parent/guardian, I request the enclosed medication, in the original container be administered to my child as per this action plan. I consent to the release of the information contained in this Allergy and Anaphylaxis Emergency Plan (AAEP) to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I give permission to the school nurse or another qualified healthcare professional to contact my child's healthcare provider. We understand that the Cherry Hill Public School District shall incur no liability as a result of any injury arising from this AAEP. We further acknowledge that we understand that any person or delegate who acts in good faith in accordance with the requirements of law shall be immune from any civil or criminal liability arising from actions performed pursuant to this request.

Parent/Guardian: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Contacts:

Call 911

Physician: _____ Phone: _____

Other Emergency Contacts:

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____