



ST. ROSE OF LIMA
RELIGIOUS EDUCATION

38 Church Hill Road
Newtown, CT 06470

dre@strosechurch.com
203-426-2333, Ext. 1

Children with Life-threatening Allergies

St. Rose Religious Education advises families that food and drinks are not allowed in any campus building (except for certain well-monitored events), and strives to maintain a food free environment. However, with the unrestricted movement of parents and children in the buildings at arrival and dismissal, this cannot be guaranteed. St. Rose does not have trained personnel on campus to administer an epi pen to a child with a life-threatening anaphylactic reaction to food or bee stings should it be necessary.

Therefore, a parent/guardian of a child who has a life-threatening food or bee sting allergy requiring immediate use of an epi pen must remain in the building in which the child's classroom is located unless the child is able to self-administer the epi pen (MD authorization is required). This policy conforms to the Diocese of Bridgeport guidelines. If a parent/guardian cannot meet this requirement, we invite you to enroll your child into our Home School Religious Education program.

If your child has a life-threatening food or bee sting allergy, please complete the **Life-Threatening Allergy** section (page 2). If your child has been approved to self-administer an epi pen by his/her physician, please complete the **Authorization for Self-Administration** section (page 3), and obtain the physician's signature.

Life-Threatening Allergy

My son/daughter has a life- threatening allergy that requires the use of an epi-pen. I will be in the St. Rose School building where my child attends class during all class times throughout the Religious Education year.

Parent/Guardian Signature: _____ **Date:** _____

Child's Name and Grade: _____

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks associated with a life-threatening allergy. Such risks include, but are not limited to, those around the child failing to properly assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I agree to release, indemnify and hold harmless the Diocese of Bridgeport, its parishes and affiliates, and their respective members, directors, officers, agents, volunteers and employees from any and all claims for injuries, damages and losses I or my minor child may have (or which may accrue to me or my minor child) and arising out of, connected with, incidental to, or in any way associated with this life-threatening allergy.

Parent/Guardian Signature: _____ **Date:** _____

Authorization for Self-Administration

Students will be allowed to self-administer epi pens only with written authorization by a licensed physician together with written authorization of the parent or guardian of the child requesting self-administration. Signatures below constitute such authorization and signify that the child is capable of self-administration of the epi pen.

Authorization of Parent or Legal Guardian

I hereby give permission for my child to self-administer the epi pen ordered above by his or her physician. I understand that my child will be responsible for transporting the pharmacy labeled epi pen to the program, that it will remain in my child's possession, and that my child will be responsible for using it appropriately and as directed by his or her physician.

Parent/Guardian Signature: _____ **Date:** _____

Authorization of Physician

Physician's Name (please print): _____

Physician's Signature: _____ **Date:** _____

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks associated with the self-administration of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to properly assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I agree to release, indemnify and hold harmless the Diocese of Bridgeport, its parishes and affiliates, and their respective members, directors, officers, agents, volunteers and employees from any and all claims for injuries, damages and losses I or my minor child may have (or which may accrue to me or my minor child) and arising out of, connected with, incidental to, or in any way associated with the administration of such medication.

Parent/Guardian Signature: _____ **Date:** _____