Emergency Contacts

1. Call 911. State that an allergic reaction has been treated and additional epinephrine may be needed.
2. Emergency Contacts:

Name	Telephone Number	Relationship
1.		
2.		
3.		

Even if parent/guardian cannot be reached, do not hesitate to medicate or take the student to a medical facility.

Parent/Guardian Consents

Parent/Guardian Consent for Unlicensed Assistive Personnel to Administer Epinephrine Auto-Injector
I_____ **do** / _____ **do not** (check one) authorize Great Hearts Texas to designate unlicensed assistive personnel (UAP) who have been trained by a medical professional, including but not limited to, emergency medical personnel, a physician and/or a registered nurse to administer epinephrine auto-injector to my child while in attendance on campus or at GHTX events (such as field trips and athletic events), when a trained medical professional may not be available. I understand that school related health services may not be provided to my student without my required consent, as outlined herein. **Parent initials _____**

Parent/Guardian Consent to Share Information and Picture.
I _____**do** /_____**do not** (check one) authorize Great Hearts display a picture of my child and identify that this is a person with a severe allergy. I understand that school staff that comes into contact with my child will be given allergy information about my child that would assist them in an emergency situation. This may include but is not limited to: health office staff and substitutes, classroom teachers and aides, special subject teachers, substitute teachers, office staff and food services. I understand that the reason for this is to enable school personnel to better prevent and respond to potential emergencies. This authorization is valid from the date signed for the remainder of the current school year. **Parent Initials _____**

Parent/Guardian Authorization for School Staff to Communicate Health Information
I authorize the District's designees, including District medical professionals and UAPs, to share/obtain my student's health related information with the medical health professional or health care provider identified above to plan, implement or clarify actions necessary in the administration of school related health services such as but not limited to: emergency care, care for any documented diagnosis, medical treatments as outlined in a student's IHP, 504 plan, IEP, or other GHTX forms requested for school health care services. School-related health services described herein shall not be provided to a student without the required consent of the parent/guardian, as outlined herein. **Parent initials _____**

Parent/Guardian Release of Claims Against District and Agreement to Indemnify
 To the extent permitted under the law, on behalf of myself and the student, I release and agree to defend, indemnify, and hold harmless Great Hearts Texas for all claims, damages, demands, or actions arising from, relating to or growing out of, directly or indirectly, the administration of epinephrine auto-injector to the student. This release is to be construed as broadly as possible. It includes a release of claims against Great Hearts Texas for its, joint or singular, sole or contributory, negligence or strict liability, including liability arising from the alleged violation of any statute (other than those which protect against discrimination based on race, age, sex, or other classification which has experienced historical discrimination), growing out of, relating to, or arising out of, directly or indirectly, the School Staff's administration of epinephrine auto-injector to the student or the disclosure of the student's Individually Identifiable Health Information, including but not limited to claims that the school negligently failed to recognize symptoms requiring the use of epinephrine auto-injector, misconstrued symptoms which it believed necessitated the use of epinephrine auto-injector, administered or failed to administer epinephrine auto-injector and/or "over-disclosed" my student's health information.
Parent Initials _____

Parent's Name _____Phone_____

Parent's Signature_____ Date _____