



RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter referred to as the "Release") made this _____ day of _____, 2____ by and between the Greater Philadelphia YMCA and

Parent Name: _____

Residence Address: _____

who is/are the Parent(s)/Guardian(s) of minor child: _____

_____ (hereinafter referred to as "Child").

Whereas, the Greater Philadelphia YMCA provides child care services at numerous facilities and the Parent(s)/Guardian(s) has engaged to the Greater Philadelphia YMCA to provide child care for Child; and

Whereas, the Greater Philadelphia YMCA has been requested by the Parent(s)/Guardian(s) to administer emergency treatment (possibly including the administration of epinephrine) to Child during certain situations when Child has come into contact with allergen and is in danger of anaphylaxis, as described in writing in the Child's "Emergency Care Plan of Children with Severe Allergies (hereinafter referred to as "emergency care plan") all in accordance with and subject to the Greater Philadelphia YMCA's policy for administering emergency treatment to children with severe allergies.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. The Parent(s)/Guardian(s) hereby release and forever discharge the Greater Philadelphia YMCA and its employees or agents from any and all liability arising in law or equity as a result the Greater Philadelphia YMCA's employees or agents administering epinephrine and/or providing other emergency care in conformance with the Child's emergency care plan, provided that the Greater Philadelphia YMCA has used ordinary and reasonable care in administering epinephrine and/ or reasonable care in accordance with the Authorization.
2. This release shall be in force from the date of its execution by the parties hereto and shall continue in force throughout the entire period of time Child is in the care of or on the premises of or enrolled in a program at the Greater Philadelphia YMCA
3. This release shall be governed by the laws of the Commonwealth of Pennsylvania, which is the location of the Greater Philadelphia YMCA facility in which Child is enrolled.
4. The Release supersedes and replaces all prior negotiations and all agreements proposed and otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Emergency Care Plan, which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
5. The reference in this Release to the term "Greater Philadelphia YMCA" shall include the Greater Philadelphia YMCA, its affiliates, successors, directors, employees, agents, and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors of each.
6. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. The Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.



PARENT/GUARDIAN COPY

EMERGENCY CARE PLAN FOR CHILDREN WITH SEVERE ALLERGIES

CHILD'S NAME: _____

ALLERGY TO: _____

Asthmatic: ☐ Severe ☐ With exercise ☐ Seasonal ☐ Other _____

Check all usual symptoms:

- ☐ Mouth itching and swelling of lips, tongue
- ☐ Throat itching and/or a sense of tightness in the throat, hoarseness, hacking cough
- ☐ Skin discoloration, hives, itchy rash and/or swelling about the face or extremities
- ☐ Abdomen nausea, cramping, vomiting, diarrhea
- ☐ Lungs shortness of breath, wheezing, repetitive coughing
- ☐ Heart thread or irregular pulse, loss of consciousness (fainting/passing out)

***All above symptoms can potentially lead to life threatening situation.**

Additional information: _____

ACTION FOR MINOR REACTION

1. If symptoms is/are: _____

give (medication/dosage/route): _____

Then call:

2. Parent/Guardian _____ Phone# _____

Parent/Guardian _____ Phone# _____

Or emergency contacts

3. Call Doctor _____ at _____.

If condition does not improve within ten minutes follow steps for MAJOR REACTION below.

ACTION FOR MAJOR REACTION

1. If ingestion/direct contact is suspected and/or symptoms are: _____

IMMEDIATELY Give _____ (medication/dosage/route).

2. Call 9-1-1, Rescue Squad, ask for advanced life support, and give info.

3. Call contacts as above to alert Parent/Guardian

Parent/Guardian Signature

Date

Picture Of Child