



Monmouth-Ocean Educational Services Commission

Stacy L. Costa
Director of Special Services/CST

MEDICAL RELEASE FORM

AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN
WITH SEVERE ASTHMA and/or SEVERE ALLERGIES
Attach a doctor's order for any necessary medication

Dear Doctor: _____

Date: _____

Your patient, _____, is enrolled/enrolling in the Monmouth-Ocean Educational Services Commission's School Age Child Care (SACC) before and after school program. We have been requested to provide specific emergency medical care for _____. Please complete Part I of this record. The record will be used to assist with the specific medical emergency care and needs of our enrollee and your patient. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, and attach it to this record.

PART I – To Be Completed By Child's Physician

Child's Name: _____

Child's Date of Birth: _____

Medical Condition: _____

Allergens: Please provide a complete list of all events and/or substances that may trigger an asthma attack and/or a severe allergic or an anaphylactic shock in the child.

Bee Sting Other Insect Bite(s): (identify): _____

Animal Fur: (identify): _____

Food Allergy: (identify all foods that must be avoided): _____

Other (identify): _____

Symptoms

May self administer the following emergency life saving medication:

- Inhaler dose _____
- Epi pen dose _____
- Benadryl dose _____
- Other _____

Child's Physician:

Name: _____

Address: _____

Telephone #: _____

Emergency Contact #: _____

Signature: _____ Date: _____

Parent(s) / Guardian(s):

Name: _____

Address: _____

Work #: _____ Cell #: _____

Name: _____

Address: _____

Work #: _____ Cell #: _____

By signing this form, I/We authorize the SACC Program to follow the above instructions in the Authorization form. I/We agree to update this form as needed as my/our child's needs change.

Signature: _____ Date: _____
Parent/Guardian

Signature: _____ Date: _____
Parent/Guardian

PART II - To Be Completed By Parents / Guardians

**RELEASE AND WAIVER OF LIABILITY
FOR ADMINISTERING EMERGENCY TREATMENT
TO CHILDREN WITH SEVERE ASTHMA AND/OR ALLERGIES**

This is a RELEASE and WAIVER of LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN ATTENDING THE SACC PROGRAM (hereinafter, referred to as the "Release")

Made this _____ day of _____, 20_____, by and between

Monmouth-Ocean Educational Services Commission, hereinafter referred to as "SACC" and

Parent / Guardian

Residing at _____, who are the
Address

Parent(s) / Guardian(s) of _____;
Child's Name

WHEREAS, SACC Provides child care services at numerous facilities and the Parent(s)/Guardian(s) has engaged SACC to provide care for

Child's Name

WHEREAS, SACC has been requested by the parent(s)/guardian(s) to administer medical emergency treatment to the child during certain emergency situations as prescribed in writing on the child's "Authorization For Emergency Care of Children for Medical Conditions (other than severe asthma and/or allergies) hereinafter referred to as the Authorization".

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 hereby agree as follows:

1. Parent(s) / Guardian(s) hereby releases and forever discharges Monmouth-Ocean Educational Services Commission's School Age Child Care Program and its employees or agents from any and all liability arising in law or equity as a result of M-OESC SACC employees or agents providing or attempting to provide emergency care, including but not limited to the administration of prescribed medicines and treatment.
2. This Release shall be governed by the laws of the State of New Jersey.
3. This RELEASE supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein except for the SACC Application, Handbook, and Policies. This instrument, along with the Authorization (including any additional physicians instructions or clarifications), and the SACC Application, Handbook, and Policies which we hereby incorporated by reference, constitute the entire agreement among the parties with respect to the subject matters discussed herein.

4. The reference in this Release to the term "SACC" shall include M-OESC, its affiliates, successors, directors, administrators, officers, employees and representatives. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns, guardians, individually appointed representative/agent and successors of each.
5. 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. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

This Section To Be Completed By Parents or Guardians

By: _____

Name: _____

Relationship: _____

Date: _____

MONMOUTH-OCEAN EDUCATIONAL SERVICES COMMISSION/SACC

By: _____

Name: _____

Title: _____

Date: _____

PARENT/GUARDIAN

AUTHORIZATIONS/AGREEMENTS/DISCLAIMERS

1. I agree to and will arrange for my child's physician to provide Monmouth-Ocean Educational Services Commission with the medical information regarding my child's medical condition by thoroughly completing the M-OESC medical forms.

2. I agree to train or re-train the M-OESC selected SACC Careperson(s) for any medical treatment which my child may need during the SACC Program if my child's doctor opines that the Red Cross training provided to SACC Carepersons is in any way insufficient to maintain my child's safety. (I have received the American Red Cross Fact Training Sheets for the physician's review. SACC Carepersons are trained in First Aid, Adult/Children CPR/AED and epinephrine auto injection.)
3. I will provide the M-OESC SACC Program with an appropriately labeled epi-pen and/or other medications (i.e. inhalers) and in appropriate container to be held and solely utilized by the SACC Careperson during the SACC Program.
4. I agree that it is my responsibility to keep current the epi-pen and/or other medications (i.e. inhalers) and I agree it is not the responsibility of the M-OESC/SACC to do so.
5. I agree to keep the SACC Program updated as to any changes in my child's condition, medications, emergency care, etc. Which may be needed to keep my child safe during the SACC Program, including communications from my child's physician and my child's school nurse, as necessary.
6. I agree that I will not send my child to the SACC Program if I am notified that an appropriately trained SACC Careperson is unavailable for my child. This may happen due to unexpected illness of a SACC Careperson.
7. I agree that I will pick my child up from the SACC Program upon notice when an appropriately trained SACC Careperson is unavailable for my child.

Name of Child

Parent/Guardian's Signature

Parent/Guardian's Signature

Date