



Laurel Public Schools
Allergy & Anaphylaxis Emergency Health Care Plan

Student's Name: _____ **D.O.B.** _____ **School:** _____

Grade: _____ **Teacher:** _____ **School Year:** _____

1. **PLEASE DOWNLOAD, REVIEW, COMPLETE, AND SIGN THE FARE (FOOD ALLERGY RESEARCH & EDUCATION) FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN FORM** at <http://www.foodallergy.org/file/emergency-care-plan.pdf>. Please complete the parent/guardian portion of the form.
2. Next, your student's health care provider must complete the health care provider portion of the form.
3. Return FARE Food Allergy & Anaphylaxis Emergency Care Plan form **signed by both parent/guardian and physician** to your child's school.
4. **In addition, please complete, sign, and return this form to your child's school.**

As per parent/guardian of the student listened above, I understand:

- The FARE Food Allergy & Anaphylaxis Emergency Care Plan is in effect for the current school year and summer school, if needed.
- This form must be completed, signed by parent/guardian and physician, and returned to the student's school annually.
- If the procedures as specified in M.C.A 20-5-420, M.C.A. 20-5-421, and M.C.A. 27-1-714 are followed, the district shall have no liability as a result of any injury arising from the administration or self-administration of the epinephrine via a pre-filled auto-injector mechanism to the student and that the parents or guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of the administration of the epinephrine via a pre-filled auto-injector mechanism to the student or from self-administration of the student, unless an act or omission is the result of gross negligence, willful and wanton conduct, or an intentional tort.

Student is allergic to the following foods: _____

History of anaphylaxis: Yes _____ No _____

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