

Cora Hartshorn Arboretum
Emergency Form

Please send in this form before the first session of the program your child is attending.

Name of child: _____ Sex M/F _____ Date of Birth ____/____/____ Age: ____

Address: _____ Home Phone: _____

Mother's (Guardian's) Name: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Father's (Guardian's) Name: _____ Cell Phone: _____

Business Address: _____ Business Phone: _____

Name of Cora Hartshorn Arboretum Program in which my child is enrolling: _____

If parents cannot be contacted, please notify (Emergency Contacts):

1. Name: _____ Relationship: _____ Phone: _____

Address: _____ Cell Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Address: _____ Cell Phone: _____

Please list the adults that are allowed to pick up your child from our programs.

Circle one YES or NO The Cora Hartshorn Arboretum may use my child's **name**, photo and/or image for promotional purposes.

POLICY STATEMENT: NUT ALLERGIES At the Arboretum, we use bird seed and other animal **care products which may** contain nut products or **may be** manufactured with equipment containing traces of nut products. Therefore, *the Arboretum is NOT considered a "Nut-Free" environment.* Because the Arboretum is not a "Nut-Free environment, we do not follow the Millburn School District's policy prohibiting the children from bringing in snacks or lunches containing nut products. **Parents of children with nut allergies or sensitivities should be aware of this and take appropriate precautions.**

Please list any allergies that your child has to food/medications/other:

List action to take if your child has an allergic reaction: NOTE: WE WILL ADMINISTER EPI PENS AND INHALERS, BUT NO OTHER MEDICATION.

List any medication your child takes regularly: NOTE: WE WILL ADMINISTER EPI PENS AND INHALERS, BUT NO OTHER MEDICATION.

IF YOUR CHILD USES AN EPI PEN OR INHALER, PLEASE PROVIDE THE ADDITIONAL INFORMATION ON PAGE 2 OF THIS FORM.

In the event I cannot be reached, I authorize the Arboretum to permit the commencement of first aid by Arboretum staff or of medical treatment when, in the professional judgment of the physicians or medical personnel involved, such treatment is medically necessary, even if I/ we have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician, surgeon or medical personnel that the treatment or examination rendered was medically necessary to protect the life, health or mental well-being of my child/ward.

Signature of Parent/ Guardian: _____ Date: _____

I hereby give permission for my child to participate at the Cora Hartshorn Arboretum. I understand that there are some risks inherent in attending, and I am willing to assume those risks on behalf of my child. I do hereby waive, release and hold harmless the Cora Hartshorn Arboretum, its officers, trustees, counselors, volunteers and employees for any injury that may be suffered by my child in the normal course of participation in activities, whether the result of negligence or any other cause.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION AND CONSENT TO ADMINISTER EPI_PEN OR INHALER FOR CHILDREN WITH ALLERGIES

_____ is allergic to _____.
Child's name

To Be Completed By Child's Physician:

Doctor's Name: _____

Address: _____

Phone: _____

Please describe the symptoms for which the above-named child should be treated with an EPI PEN or Inhaler.

SYMPTOMS	GIVE MEDICATION WHEN CHECKED WITH "X"
Mouth: Itching, tingling or swelling of lips, tongue, mouth.	__EpiPen or __Inhaler
Skin: Hives, swelling on face or extremities, itchy rash.	__EpiPen or __Inhaler
Gut: Nausea, abdominal cramps, vomiting, diarrhea	__EpiPen or __Inhaler
Throat: Tightening of throat, hoarseness, hacking cough.	__EpiPen or __Inhaler
Lung: Shortness of breath, repetitive coughing, wheezing.	__EpiPen or __Inhaler
Heart: Weak pulse, passing out, fainting, pale, blueness.	__EpiPen or __Inhaler
General: Panic, sudden fatigue, chills, fear or impending doom.	__EpiPen or __Inhaler
If food allergen has been ingested, but no symptoms:	__EpiPen or __Inhaler
If reaction is progressing (e.g. several of the above areas are affected):	__EpiPen or __Inhaler
Other (please describe):	__EpiPen or __Inhaler

Doctor's Signature: _____

Date: _____

To Be Completed by Parent/Guardian

The EPI PEN or INHALER must be delivered to the Arboretum in original packaging and must be labeled with your child's name, the date prescribed and be marked with an expiration date. Unused medication will be returned to the Parent at the end of program session.

I/We acknowledge that I/We have legal custody of the above-named child.

I/We grant my/our authorization and consent for the Arboretum to administer the EPI PEN in accordance with the instructions given above.

Parent/Guardian Signature:

Date: _____