

HOLY INFANT PARISH SCHOOL OF RELIGION REGISTRATION/RE-REGISTRATION 2025/2026

Family Last Name, Family First Names (Parents): _____ Registered in Holy Infant Parish? Yes ___ No ___
 Address _____ If no, list where registered: _____
 City _____ State _____ ZIP _____ Home Telephone: _____
 Cell Telephone (Mr.): _____
 Cell Telephone (Mrs.): _____
 Email: _____

Fall 2025:	Grade	Student Last Name, First Name	Date of Birth	Gender	Sacraments*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*CODE FOR SACRAMENTS RECEIVED: 1=Baptism, 2=Penance, 3=Eucharist, 4=Confirmation

SESSION: FIRST CHOICE: ___ 4:30 (K-8th) or ___ 6:30 (1st-8th) **SECOND CHOICE:** _____

Required for placement:
 _____ Financial Agreement
 _____ Paid \$ _____ check / cash / credit card
 _____ Direct Payment Form (if not paid in full)
 _____ Witness Statement
 _____ Media Release
 _____ Volunteer Form
 _____ Parking
DATE RECEIVED COMPLETED IN PSR OFFICE: _____

New family/student: ___ PSR Registration Card plus all items listed to the left, ___ Baptism & ___ Birth Certificate copies, ___ Permanent record card, ___ Parish registration form, ___ Food Allergy Action Plan and meds (due by 1st class each year), ___ Divorce papers: copy of Parenting Plan/Div. Letter, ___ Parking.
 NOTES: _____

CONTINUED ON BACK

Name of public school students attend: _____

List student's name, information and reason:

MEDICAL CONDITIONS (ADD, ADHD, autism, anxiety, hearing, vision, or physical impalrment, etc.): _____

MEDICATIONS: _____

ALLERGIES*: _____

*NOTE: For severe food allergies, we require a completed Food Allergy Action Plan and any required medication by the first day of class. We can accept our form or a copy of your completed form for Rockwood or Parkway form.

IEP (provide latest copy): _____

REMARKS TO HELP US PLACE YOUR CHILD: _____

In case of emergency at school, please contact:

(Please do not list numbers shown on the front of this card. List a third and fourth choice below)

NAME _____	TELEPHONE _____	RELATIONSHIP _____
NAME _____	TELEPHONE _____	RELATIONSHIP _____

Parent Agreement

As parent and first educator of my children in the faith of the Church, I promise that I will take my children regularly to Church, pray with them, and be an example of Christ in the world today. With these promises I then support the program of the Holy Infant Parish School of Religion.

Date _____

One signature required:

Parent(s) _____ Parent(s) _____

Please be sure the card is complete and accurate on both sides before signing and turning it in with your payment. Thank you.

For NEW students only. Please attach a copy of their baptism and birth certificates. No social security number needed.

**PERMANENT RECORD CARD
PARISH SCHOOL OF RELIGION
ARCHDIOCESE OF ST. LOUIS**

* Address mail to:

* _____
* _____
* _____
* _____
* _____

Name _____
Last First Middle

Birth _____
City State Month/Day/Year

Student SSN _____ Phone _____

Parish registered in _____

Email addresses: _____

Public School(s) attended _____
Elementary Middle High School

Father _____
Last First Phone: Home Cell Work Religion

Living/Deceased? Married/Separated/Divorced/Widowed/Remarried? (Name of Spouse) Father's Occupation

Mother _____
Last First Phone: Home Cell Work Religion

Living/Deceased? Married/Separated/Divorced/Widowed/Remarried? (Name of Spouse) Mother's Occupation

Name of Parent(s)/Guardian with physical/legal custody _____ Custody report on file? _____

Guardian (if not parent) _____
Last First Phone: Home Cell Work

Relationship (if guardian) _____ Religion _____

Name of Student _____ Parish School of Religion _____

	Year	Days Absent	Times Tardy	Understanding of Material	Attention & Participation	Assignments	Behavior	Teacher
Pre-K								
K								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Code: VG = Very Good S = Satisfactory NI = Needs Improvement

SACRAMENTAL DATA	Date	Parish	City	Certificate seen by:
Baptism				
First Penance				
First Communion				
Confirmation				

Date of Graduation from PSR _____ OR Transferred to: _____
Parish Date



Holy Infant Parish School of Religion Financial Agreement

The stability of our PSR and the quality of its programs are of the utmost importance. One of our primary goals at Holy Infant is to concentrate our efforts on improving the *business side* of our PSR program. Program fees will be handled by our parish office allowing us to design a billing program for each family.

Registration is not complete without a signed Financial Agreement form. Please choose a payment option below. Sign, date, and return with payment at time of registration.

A \$100/family non-refundable down payment is due at the time of registration

Annual Family Tuition	<u>1</u> Child	<u>2</u> Children	<u>3</u> or More Children
Parishioner	\$265	\$388	\$484
Non-Parishioner	\$355	\$568	\$754

Payment Options-Parishioners by Check, Cash or *Credit Card in the PSR Office in person by the cardholder (Non Parishioners-use above rates and adjust payment options accordingly)

<u>1</u> Annual Payment	Due at time of Registration	\$265	\$388	\$484
<u>3</u> Monthly Payments -- Automatic Debit from Checking or Savings	After payment of \$100 non-refundable down payment due at registration	Sept. 2025 through Nov. 2025	\$ 55	\$ 96
At Home Faith Formation fee (3rd-6th)			\$120	
Private school fee (8th)			\$100	

All tuition must be paid before November 30, 2025; any balance remaining will incur a \$25 late charge unless prior arrangements have been made in the Parish Office.

In registering my child (ren) to attend Holy Infant Parish School of Religion, I (we) agree to pay the above rates for the 2025/2026 school year. If tuition is not up to date, I (we) understand that no report cards will be given. I (we) chose the following payment option:

- _____ One Annual Payment – Due at time of registration **Check, Cash or Credit Card**
- _____ Three (3) Monthly Payments to be debited on the 15th of each month Sept. 2025 through Nov. 2025. (Will continue monthly until paid in full) ******* (Completed debit authorization attached) *******

Extenuating circumstances that require different payments arrangements. A \$50 Book Fee is required for each student receiving aid. **Each family must contact Mary Thieret in the Parish Office @ accountant@holyinfantballwin.org and include reason for requesting change in payment arrangements. *****Financial Assistance Request Forms are available in the PSR and Parish Offices.**

Family Last Name _____ Father's First Name _____ Mother's First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone Number: _____

Father Cell Phone Number: _____

Mother Cell Phone Number: _____

Parent Responsible for Tuition Payments: _____

Email Address (required): _____

Full name of student(s): _____

Grade (August 2025) _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form and \$100 non-refundable down payment (or payment in full) to the PSR Office no later than June 30, 2025.

\$25 Change fee charged to change sessions after initial registration.



**Holy Infant Parish School of Religion
 Authorization Agreement
 Direct Payments (ACH Debits)**

Monthly on the 15th of the month
 Withdrawal will be over a three-month period
 September 2025 – November 2025
or until tuition is paid in full

Monthly authorized debit amount \$ _____ (1/3rd of
 annual tuition less \$100 down payment)

Company: Holy Infant Church Church Envelope # _____

We (I) hereby authorize Holy Infant Church, hereinafter called
 Company, to initiate debit entries to our (my) account indicated below
 and the financial institution named below, hereinafter called Financial
 Institution, to debit same to such account.

Financial Institution Name _____

Address _____

Routing/ABA No. _____

Account No. _____

Type of Account: _____ Checking _____ Savings _____

*****This authority is to remain in full force and effect until the final
 installment (third payment) is processed in November 2025 or
 until tuition is paid in full.**

Name _____

Authorized Signature _____

Date _____

Name _____

Authorized Signature _____

Date _____

*****VOIDED CHECK MUST BE
 ATTACHED HERE*****



Holy Infant Parish School of Religion Tuition Assistance Request Form

Family Name _____ Date _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single

List below names and grade level of children:

Name	Grade
_____	_____
_____	_____
_____	_____

PSR Tuition for the year \$ _____ Amount you can pay \$ _____
Annual Household Income \$ _____

Please state the reason you need tuition assistance:

Please describe your involvement in our parish and PSR Community:

List below each child's extracurricular activity and cost:

<u>Child</u>	<u>Activity</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there other organizations in which you are receiving financial assistance? (Area food banks, federal assistance, scholarship for a child's activity, etc.)

The information on this form is true, correct and complete to the best of our knowledge.

Signed: _____ Date: _____
Signed: _____ Date: _____

To be approved by Fr. Edward J. Stanger _____
Amount Approved: \$ _____ Date: _____

Archdiocese of St. Louis
WITNESS STATEMENT

For those Seeking to Enroll Their Children in a Catholic School or Parish School of Religion

One of the blessings of marriage is bringing forth new life. God entrusts children to parents who have a primary right and duty to educate their children in the practice of the faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the Sacrament of Baptism, parents receive the following call from God to evangelize their children:

You have asked to have your child baptized. In doing so you are accepting the responsibility of training her (him) in the practice of the faith. It will be your duty to bring her (him) up to keep God's commandments as Christ taught us, by loving God and our neighbor... You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say or do, in Christ Jesus our Lord.

No wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the life and teachings of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children. This partnership works best when parents respect the beliefs of the Church and live lives in a manner that reflect these beliefs. If parents reject the beliefs of the Church or live lives in conflict with these teachings, catechizing young people becomes very difficult.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and example, the first and best teacher of my children in the faith. Practically, this means I will:

- Understand that the authentic teachings of Jesus as taught by the Catholic Church will be part of my child's education and formation;
- To the best of my ability respect the teachings of the Church and help my children respect the Church and its teachings;
- Regularly participate in the Sunday Eucharist with my family (if not Catholic, support my children's participation in the Church of Baptism), include prayer in my daily life and form my children in the faith.
- Commit to speak frequently with my children about God and to include prayer in our daily home life;
- Participate in and cooperate with the School or Parish School of Religion in programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children;
- Support the moral and social doctrine of the Catholic Church to ensure consistency between home and school;
- Teach my children by word and example to have a love and concern for the needs of others;
- Meet my financial responsibilities in supporting the Catholic school or the Parish School of Religion.
- Practice stewardship in support of the school and parish.

Signature of the parent(s)/Guardian(s): _____
Parent Name(s) printed: _____
Date: _____



Archdiocese of St. Louis Media Release Authorization

For good and valuable consideration, the sufficiency of which is hereby acknowledged, I/we, the undersigned grant Holy Infant and Archdiocese of St. Louis ("Archdiocese") the right to publish, reproduce and display photographic images, videos images and/or audio recordings of student for use in all media, electronic or otherwise, in connection with publications, advertisements and/or web pages of Holy Infant and the Archdiocese, provided that Holy Infant and the Archdiocese is not authorized to sell or otherwise distribute such photographic images, video images or audio recordings to any other person or entity without my/our consent. I/We understand that Holy Infant or the Archdiocese may associate the photographic image, video image or audio recording with the first name of Individual and the name of the parish or school where Individual is a student or parishioner. I/We further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational or advertising material which utilizes, incorporates or consists of the photographic images, video images and/or audio recordings or in any copyright embodied therein.

PARENT/GUARDIAN: You must sign in ONE of the two boxes below.

I give permission for my child/children to be included.

Print child/children's names _____
Print parent(s)/guardian(s) names _____
Parent(s)/Guardian(s) signature _____
Date _____

I DO NOT give permission for my child/children to be included.

Print child/children's names _____
Print parent(s)/guardian(s) names _____
Parent(s)/Guardian(s) signature _____
Date _____

For NEW families or families who are CHANGING SESSIONS

**Holy Infant Parish School of Religion
Dismissal/Carpool Form**

To secure a parking spot for your carpool,
this form must be turned in at registration.

In order to avoid duplication of forms, please have ONE FAMILY from your carpool fill out this form listing all families and children in your carpool

To assign parking spaces, every family K through 8th grade, must be accounted for, even those families whose children walk home or are picked up by day care transportation. If you are not carpooling and will be picking up your own child(ren), you will still be referred to as "carpool" and will need to complete this form so that you will be assigned a parking space.

My carpool needs an assigned parking space.

do not need an assigned space. My child(ren) walks home from PSR.

Please list the names of **all children** carpooling, walking home, or being picked up by day care transportation. **Please clarify if parent's last name is different than the child(ren)'s last name.**

DATE _____

SESSION _____

**Grade in
Fall**

**Child First &
Last Name**

**Parent First &
Last Name**

Email Address

Exit Preferences (You MUST list your 1st and 2nd preference)

North (going right towards Manchester)

South (going left towards Big Bend/Kiefer Creek)

Nancy/Dennison (back way towards Old Ballwin Road)

**I (name) _____ would like to volunteer to help
with this process!**



Holy Infant Parish School of Religion Parent Volunteer Form

Service is a vital part of the Christian experience and so we are asking each family to become involved in our PSR Program. As your children see you using your talents to help others, they will be encouraged to do the same and our PSR Program will be even better than it is already.

Please review the list below and check at least one area that interests you. We will then follow up with you with more details.

I CAN HELP IN THE FOLLOWING AREAS:

- BOX OF JOY PACKING
- CONFIRMATION RETREAT (8TH GRADE PARENTS)
- CONFIRMATION SMALL FAITH GROUP FACILITATOR
- EUCHARISTIC MINISTER – Already trained. Name: _____
- EUCHARISTIC MINISTER – Would like to be trained. Name: _____
- FOOD DRIVE – Sort and pack _____ FALL _____ SPRING
- INTERESTED IN A LENT/ADVENT PARENT PRAYER & STUDY GROUP DURING CLASSES? LEADER _____ PARTICIPANT _____
- HELP ORGANIZE MONTHLY PARENT ACTIVITIES
- MUSIC: _____ SING AND/OR _____ INSTRUMENT _____
- PARKING LOT ARRIVAL 4:10 pm / 6:10 pm (about 15 minutes)
- PARKING LOT DISMISSAL 5:30 pm / 7:30 pm (about 15 minutes)
- PSR OFFICE HELP _____ 4:30 pm or _____ 6:30 pm
- SUBSTITUTE TEACHER – grade and session (paid position) _____
- TEACHER – grade and session (paid position) _____
- TEACHER AIDE – session (paid position) _____
- YEAR END CELEBRATION – set up – clean up

NAME OF PARENT(S) WHO ARE VOLUNTEERING: _____

DATE: _____

TELEPHONE: _____ EMAIL: _____

SESSION YOUR CHILD(REN) ATTEND: _____ 4:30 pm _____ 6:30 pm

PLEASE CHECK ONE:

I/we _____ have OR _____ have not met the Archdiocese of St. Louis Volunteer Requirements Prevent and Protect

THE ARCHDIOCESE OF ST. LOUIS VOLUNTEER REQUIREMENTS ARE LISTED ON THE REVERSE SIDE FOR YOUR CONVENIENCE IN COMPLETING THEM. ANY QUESTIONS, PLEASE CALL KRIS MISPADEL AT 636-227-7440 #105.



HOLY INFANT CATHOLIC CHURCH

627 Dennison Drive • Ballwin, Missouri 63021 • (636) 227-7440

Hello, I hope this note finds you well!

By now you have heard about the Prevent and Protect STL program: the volunteer requirements mandated by the Archdiocese of St. Louis. Everyone who volunteers with youth and vulnerable adults needs to meet the requirements. *You will need to complete the requirements in order to volunteer at Holy Infant Parish School of Religion.* If you have not already done so, please complete the requirements by your first volunteer opportunity.

You can register and complete the requirements by going to preventandprotectstl.org

After you register (instructions on back), you will need to do the following:

- **Submit Background Check**
- **Attend “Protecting God’s Children Workshop” (Now offered via Zoom) ***
- **Watch “Mandated Training” Video**
- **Watch “Code of Conduct” Video**
- **Sign “Code of Conduct”**

*If you have already taken a Protecting God’s Children workshop, the system will link it to your account. If there is any problem, contact me and I will fix it for you.

Feel free to contact me with any questions or if you need further assistance.

Sincerely,

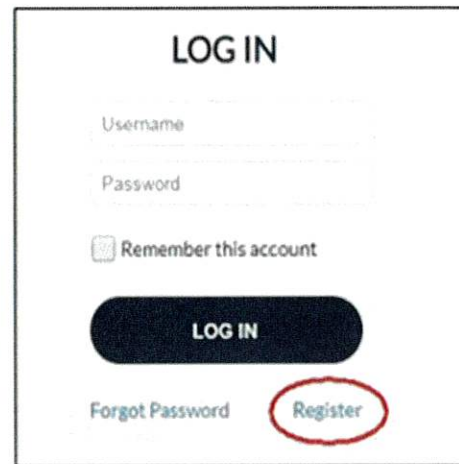
Kris Mispagel

Kris Mispagel
Child Safety Coordinator
Kris.mispagel@holyinfantballwin.org
(636) 227-7440

- **See reverse for registration instructions**

How to Register and Complete Requirements:

- Go to <https://www.preventandprotectstl.org>
- Click "Register" below the LOG IN button (image at right).
- Enter the passcode [stlprotect](#) when prompted.
- Select the type of location where you are a volunteer: Parish or Parish School
- Select the specific location by name • Holy Infant Parish and School
- Click the roles associated with your employment/service at the parish
- If you are active at only one location, this will be your "primary" location. If you are active at more than one location, click the ADD PARISH/LOCATION button and repeat the steps above. With more than one location, please click the "This is my main/primary location" circle to indicate where most of your ministry or service is performed.
- Complete your personal information. Please enter your **legal first name** for the purposes of the background screening.
- Create a username, password and password clue.
- Agree to the Terms of Use and click SUBMIT.
- You will then be prompted to:
 - 1) Submit a background check
 - 2) Attend a Protecting God's Children workshop: If you have already taken a Protecting God's Children workshop, the system will link it to your account. If there is any problem, contact me and I will fix it for you.
 - 3) Watch 2 training videos
 - 4) Sign the code of conduct



LOG IN

Username

Password

Remember this account

LOG IN

Forgot Password Register

These steps may be completed all at once or may be completed separately at your convenience. By logging into your account, you can click on My Training and see what needs to be completed. You will also receive an automated email weekly to remind you which requirements are outstanding. When all compliance requirements have been completed, your account will be approved and you will receive an email stating that you are clear to work with minors and vulnerable adults.

If you have any questions or problems, please contact Kris at kris.mispagel@holyinfantballwin.org or (636) 227-7440.

Welcome!

If you are new to the parish and would like to register at Holy Infant Church, please complete this form and return it to the Holy Infant Rectory, 627 Dennison Drive, Ballwin, MO 63021 or you can go to www.holyinfantballwin.org and register online. We would love to have you join us!

Holy Infant Parish Registration

	Head of Household	Spouse
Title (Circle one)	Mr. Mrs. Miss Ms. Dr. Other ____	Mr. Mrs. Miss Ms. Dr. Other ____
Name (First – Middle - Last) LADIES–PLEASE PROVIDE MAIDEN NAME		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		
Preferred Name		
Address City, State / Zip check if unlisted <input type="checkbox"/>		
Home Phone	() - check if unlisted <input type="checkbox"/>	
Cell Phone	() -	() -
Work Phone	() -	() -
E-Mail Address		
Phone Number to publish in Parish Family Directory		
Marital Status	Catholic Marriage Single	Civil Marriage : Widowed Marriage – Other Denomination Separated Divorced
Date of Marriage		
Occupation		
Employer		
Religious Affiliation		
Baptism*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Confirmation*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
First Communion*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
First Reconciliation*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

***You do not need to put the date the sacrament was received.**

(CHILDREN INFORMATION ON REVERSE)

Office Use Only – Date Entered; OSV & Envelope #; Religious Affiliation; Catholic or Mixed Home

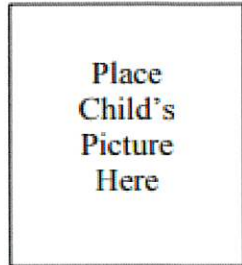
PLEASE RETURN TO PARISH OFFICE

Name (first, middle, last, preferred)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	___/___/___	
Religious Affiliation			
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	_____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
Name (first, middle, last, preferred)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	___/___/___	
Religious Affiliation			
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	_____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
Name (first, middle, last, preferred)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	___/___/___	
Religious Affiliation			
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	_____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
Name (first, middle, last, preferred)	Gender	Date of Birth	School/Grade
	Male <input type="checkbox"/> Female <input type="checkbox"/>	___/___/___	
Religious Affiliation			
Baptism Church of Baptism	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	_____
Confirmation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Communion	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	
First Reconciliation	yes <input type="checkbox"/> no <input type="checkbox"/>	Date ___/___/___	

If applicable: Please complete this form or provide us with a copy of your completed form for Rockwood or Parkway. The form and medicines should be dropped off to the PSR Office on the first day of classes. Thank you for helping us keep your children safe.

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Other† _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship

Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

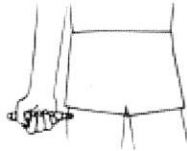
(Required)

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



June/2007

Permission to attend class in divorce cases:

To be completed and returned by the parent NOT registering the child(ren) for PSR so we have the permission of both parents. Please fill out for any new divorce or any new/additional students in a family. A copy of the Parenting Plan in the Divorce Decree should be sent in to the PSR office also.

Thank you.

Date _____

To: Holy Infant PSR
248 New Ballwin Road
Ballwin, MO 63021

Re: Student names: _____

I give my permission for my children listed above to attend Holy Infant Parish School of Religion. This is good until cancelled in writing to the Holy Infant PSR office.

Printed name of parent:

Parent signature:

Full address: _____
