



Policy for Enrolling a Child with Life-threatening Allergies

Children with life threatening allergies, such as allergies to bee stings, peanut products, dairy, etc., may be at risk of a serious allergic reaction while participating in a Park District program due to contact with, or ingestion of the allergen. The Oswegoland Park District cannot guarantee an allergen free environment, but with your cooperation we can create a safer environment and be better prepared to handle emergencies. The Park District will make reasonable, feasible, and practical accommodations to allow children with life-threatening allergies to participate in our programs. We recommend that the parent or guardian provides the following forms and information to the Park District staff before registering their child for a program.

Reasonable Time...

A period of at least **seven days** from the time of first enrollment until the child's first day of attendance is required to allow Park District staff time to make accommodations and to train appropriate staff. Additional enrollments throughout the year require a Confirmation of Correct Information to be signed.

Authorization...

Oswegoland Park District's "**Authorization for Treatment**" and "**Authorization to Administer Medication**" forms must be filled out and signed by the child's parent/guardian and the child's physician. These authorizations must be updated every 12 months or sooner if the information changes. These forms will provide the Park District with the information to provide a safer environment and to be better prepared to handle emergencies. The parent/guardian shall also provide any additional physician's orders and procedural guidelines relating to the prevention and treatment of the child's allergy.

Waiver...

A signed copy of Oswegoland Park District's "**Release and Waiver of Liability for Administering Emergency Treatment to Children with Life Threatening Allergies**" must be provided at the time of registration. The Waiver releases Oswegoland Park District and its employees from liability for administering treatment to children with life threatening allergies, including the administration of epinephrine, and taking any other necessary actions set forth in the Authorization Forms, provided that Oswegoland Park District exercises reasonable care in taking such actions. A child with a life threatening allergy will not be allowed to participate in a Park District program until the parent or guardian signs the Waiver of Liability for Administering Emergency Treatment to Children with Threatening Allergies.

Medication...

All **equipment and medications** needed by Oswegoland Park District to comply with the instructions set forth in the authorization forms must be provided prior to the child attending a Park District program. The parent/guardian is responsible to provide medication that is properly labeled by a pharmacist, in its original container, and replaced prior to the expiration date.

Training for Emergency Treatment...

Prior to the child's first day of attendance, the **parent/guardian/designee is responsible for training** selected members of the Park District staff, including but not limited to the Policy Administrator, the Program Supervisor, and the child's teacher on the following:

- Nature of the child's allergy
- Events/substances that may trigger allergic reaction
- Limitations on the child's food consumption
- Symptoms of an allergic reaction
- When and how to administer treatment for an allergic reaction

All Park District staff that may have contact with the child will be trained to know:

- Nature of the child's allergy
- Symptoms of an allergic reaction



Authorization to Administer Medication
(Prescription and/or over-the-counter medication)

The child's physician and a parent/guardian must sign this form before the Oswegoland Park District staff will administer prescribed or over-the-counter medication to a child while he/she is attending a Park District program.

Child's Name _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

To be completed by the child's physician if the child requires medication to be administered during the time that he/she is attending a Park District program:

Name of Medication _____

Dosage _____ Time _____

Reason for Medication _____

Is it mandatory that this medication be administered during the time that this child attends a Park District program? Yes No

Possible side effects to be aware of : _____

Signature of Child's Physician Phone number

Address Date

Further Instruction Remarks:

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Oswegoland Park District and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the Park District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Park District, its employees and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the Park District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Signature Date



Authorization for Treatment Of Children with Life-threatening Allergies

If treatment includes the administration of epinephrine or any other prescription medication, this form must be completed and signed by the child's physician.

Child's Name _____ Child's Birth Date _____

Allergens: Provide a list of all substances and/or events that may trigger an allergic reaction in this child.

How the allergy is triggered? Airborne____ Touch____ Ingestion____

Step 1 . . . Treatment

Symptoms: Check boxes next to symptoms that may occur

- If a food allergen has been ingested, but no symptoms:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat Tightening of throat, hoarseness, hacking cough
- Lungs Shortness of breath, repetitive coughing, wheezing
- Heart Weak or thready pulse, low blood pressure, fainting, pale
- Other _____
- If reaction is progressing, several of the above areas affected:

*Give Checked Medication

To be determined by physician authorizing treatment.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
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| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

Do not hesitate to medicate or transport a child to a medical facility even if parent/guardian cannot be reached.

Dosage:

Epinephrine: Inject intramuscularly: (circle one) EpiPen EpiPen Jr. Twinject 0.3 mg Twinject 0.15 mg

Antihistamine: Medication/dose/route _____

Other: Medication/dose/route _____

Step 2 . . . Call 911 State that an allergic reaction has been treated.

Then call:

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

#1 Emergency Contact: _____ Phone: _____

#2 Emergency Contact: _____ Phone: _____

Child's Physician

Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

Physician Signature _____ Date: _____

Parent/Guardian Authorization

By signing this form, I authorize the Oswegoland Park District to follow the instructions as stated above in this Authorization Form. I agree to update this form if my child's needs change.

Signature _____ Date _____



**Release and Waiver of Liability
for Administering Emergency Treatment
to Children with Life Threatening Allergies**

This is a release and waiver of liability for administering emergency treatment to children with life threatening allergies (hereinafter, referred to as the "Release") made this day _____, 20____, by and between the Oswegoland Park District and

Parent/Guardian _____

Address _____

Parent/Guardian of _____

Whereas, the parent/guardian has engaged Oswegoland Park District to provide recreational services for (child's name) _____

Whereas, the Oswegoland Park District has been requested by the Parent/Guardian to administer emergency treatment to the child during certain emergency situations when the child has come in contact with an allergen as prescribed in writing on the child's "Authorization for Emergency Care of Children With Life Threatening Allergies: all in accordance with and subject to the Park District's policy for administering emergency treatment to children with life threatening allergies.

Now, therefore, the parties hereto hereby agree as follows:

Parent/Guardian hereby releases and forever discharges the Oswegoland Park District and its employees and/or agents from any and all liability arising in law or equity as a result of Oswegoland Park District's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization for Emergency Care of Children with Life Threatening Allergies" (hereinafter referred to as the "Authorization"), provided that Oswegoland Park District has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.

This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization, which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

The reference in this Release to the Park District shall include Oswegoland Park District, its affiliates, directors, officers, employees, and representatives. The terms Parent/Guardian shall include the dependents, heirs, executors, administrators, assigns, and successors or each.

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.

Parent/ Guardian Signature:

Parent/ Guardian Date

Parent/ Guardian Date

Oswegoland Park District

Signature Title Date
(revised Nov 2010)