



Participant Registration with Life-threatening Allergies

Thank you for contacting us with information on you or your participant's life threatening allergies. Participants may be at risk of a serious allergic reaction while involved in a Park District program due to contact with, or ingestion of the allergen. The Oswegoland Park District cannot guarantee an allergen free environment. The Park District will make reasonable, feasible, and practical accommodations to allow participants with life-threatening allergies to participate based on your information.

Authorization...

Oswegoland Park District's "**Authorization for Treatment**" and "**Authorization to Administer Medication**" forms must be filled out and signed by the participant or participant's guardian and the participant's physician. The adult participant or guardian of participant under 18 shall provide any additional physician's orders and procedural guidelines relating to the prevention and treatment of the participant's allergy.

Waiver...

A signed copy of Oswegoland Park District's "**Release and Waiver of Liability for Administering Emergency Treatment to Participant with Life Threatening Allergies**" before participation. The Waiver releases Oswegoland Park District and its employees from liability for administering treatment to participant with life threatening allergies 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 participant with a life threatening allergy will not be allowed to participate in a Park District program until the adult participant or guardian of participant under 18 signs the Waiver of Liability for Administering Emergency Treatment to Participant 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 participant attending a Park District program. The adult participant or guardian of participant under 18 is responsible to provide medication that is properly labeled by a pharmacist, in its original container, and replaced prior to expiration date.

Training for Emergency Treatment...

Prior to the participant's first day of attendance, **the adult participant or guardian of participant under 18 is responsible for training** selected members of the Park District staff on the following:

- Nature of the participant's allergy
- Events/substances that may trigger allergic reaction
- Limitations on the participant'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 participant will be trained to know:

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

(revised January 2024)



Authorization to Administer Medication

(Prescription and/or over-the-counter medication)

The participant's physician and the adult participant or guardian of participant under 18 must sign this form before the Oswegoland Park District staff will administer prescribed or over-the-counter medication to a participant while he/she is attending a Park District program.

Participant's Name _____ Birthdate ____/____/____
Address _____ City _____ Zip _____
Mother's Name _____ Phone _____
Father's Name _____ Phone _____

To be completed by the participant's physician if the participant 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 this participant's Park District program?

Yes No

Possible side effects to be aware of: _____

Signature of Participant's Physician Phone number

Address Date

Further Instruction Remarks:

I hereby confirm my primary responsibility to administer medication to my participant. 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 participant (or to allow my participant 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 participant 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
(revised 1/24)



Authorization for Treatment Of Participant 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 participant's physician.

Participant's Name _____ Participant's Birth Date _____

Allergens: List all substances and/or events that may trigger an allergic reaction in this participant.

How the allergy is triggered? Airborne____ Touch____ Ingestion____

Will a parent/guardian be on site? Yes No

Step 1 . . . Treatment

Symptoms: Check boxes next to symptoms that may occur *Give Checked Medication

To be determined by physician authorizing treatment.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Food allergen has been ingested, but no symptoms: | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Mouth Itching, tingling, or swelling of lips, tongue, mouth | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Skin Hives, itchy rash, swelling of the face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Gut Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Throat Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Lungs Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Heart Weak or thready pulse, low blood pressure, fainting, pale | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

If reaction is progressing, several of the above areas affected:

Don't hesitate to medicate/transport to a medical facility even if parent/guardian can't be reached.

Dosage:

Epinephrine: Inject intramuscularly: EpiPen EpiPen Jr. Twinject .3 mg Twinject .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: _____

Participant'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 participant's needs change.

Signature _____ Date _____

(revised 1/24)



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

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

Adult participant/Guardian of participant under 18 _____

Address _____

Adult participant/Guardian of participant under 18 _____

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

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

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 participant's "Authorization for Emergency Care of Participants 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 2024)