

**AUTHORIZATION FOR EMERGENCY CARE
OF CHILDREN WITH SEVERE ALLERGIES**

Dear Doctor: _____ Date: _____

Your patient, _____ is enrolled/enrolling in our Summer Day Camp/Aquatics Camp program and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at the City of Long Beach, Department of Parks, Recreation & Marine so we may assist with the allergy care and needs of our enrollee and your patient. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at the City of Long Beach, Department of Parks, Recreation & Marine.

PART I (to be completed by physician)

Child's Name: _____

Child's Birth Date: _____

Allergens:

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (anaphylactic shock) in the child.

_____ Bee Sting

_____ Other Insect Bite(s): (identify):

_____ Animal Fur: (identify)

_____ Food Allergy: (identify all foods that must be avoided):

_____ Other: (identify)

Symptoms

Please provide a complete list of all symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment.

_____ Shortness of Breath or Difficulty in Breathing

_____ Swelling of the Face or Lips

_____ Hives

_____ Vomiting

_____ Diarrhea

_____ Other: (explain):

_____ Do not administer medication in the absence of known exposure to allergen.

(explain): _____

Procedures

Please indicate all steps necessary and the order in which they should be taken.

_____ Give Benadryl Elixir, ml orally

_____ Administer EpiPen, Jr. or

_____ Call the area's emergency medical personnel (e.g. "911")

_____ Call parent(s)/guardian(s), and child's physician

_____ Other: (explain):

Recreational Activities

1. The child may participate in recreational activities. [] Yes [] No

2. Activity restrictions: [] None [] Some Restrictions

(explain):

Child's Physician

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Signature: _____

Date: _____

PART II (to be completed by Parent(s)/Guardian(s))

Parent(s)/Guardian(s)

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

By signing this form, I/We authorize the City of Long Beach, Department of Parks, Recreation & Marine to follow the above instructions in the Authorization form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

Signature: _____ Date: _____

Parent(s)/Guardian(s)

Signature: _____ Date: _____

Parent(s)/Guardian(s)

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter, referred to as the "Release") made this _____ day of _____, 20____, by and between the City of Long Beach, Department of Parks, Recreation & Marine and

(Parent(s)/Guardian(s))

residing at _____
(Address)

who are the Parent(s)/Guardian(s) of _____;
(Child's Name)

WHEREAS, the Department of Parks, Recreation & Marine provides recreational services at numerous facilities within the City of Long Beach and the Parent(s)/Guardian(s) has engaged the City of Long Beach to provide recreational services at its centers for

(Child's Name)

WHEREAS, the Department of Parks, Recreation & Marine for the City of Long Beach has been requested by the Parent(s)/Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the child during certain emergency situations when the child has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child's "Authorization For Emergency Care Of Children With Severe Allergies", all in accordance with and subject to the City of Long Beach, Department of Parks, Recreation & Marine's policy for administering emergency treatment to children with severe allergies.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Guardian(s) hereby releases and forever discharges the City of Long Beach, the Department of Parks, Recreation & Marine, and its employees or agents from any and all liability arising in law or equity as a result of the City of Long Beach's employees or agents administering epinephrine and providing other emergency care in conformance with the child's "Authorization For Emergency Care Of Children With Severe Allergies" (hereinafter referred to as the "Authorization"), provided that the City of Long Beach has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.
2. This Release shall be governed by the laws of the State of California, which is the location of the recreational center in which the child is enrolled.

3. 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 (including any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The terms Parent(s)/Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors or each.
5. 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.

City of Long Beach, Department of Parks & Recreation

By: _____

Name: _____

Title: _____

Date: _____

PARENT(S) OR GUARDIAN(S)

By: _____

Name: _____

Relationship: _____

Date: _____

By: _____

Name: _____

Relationship: _____

Date: _____

Allergy Treatment Training Acknowledgment

I, _____, have been trained

by _____
(Parent(s)/Guardian(s)/Designee(s))

to administer Epinephrine and/or to provide other emergency care to _____,
(Child's Name)

a child enrolled in a Summer Day Camp or Aquatics Camp Program within the City of Long Beach, Department of Parks, Recreation & Marine, in the event the child has been exposed to _____ and is at risk of an anaphylactic reaction, or if the child exhibits the symptoms described in the "Authorization For Emergency Care of Children With Severe Allergies", which is attached to and made a part of this Acknowledgment.

Signature: _____
(City of Long Beach Employee)

Date of Training: _____

Signature: _____
(Parent(s)/Guardian(s))

Acknowledgment of Receipt of Policy for Administering Emergency Treatment to Children with Severe Allergies

I acknowledge that I have received a copy of the City of Long Beach, Department of Parks, Recreation & Marine's Policy for Administering Emergency Treatment to Children with Severe Allergies.

Signature: _____ Date: _____
(Parent(s)/Guardian(s))