



**ATTN:**

City of Fort Collins Recreation Department

Phone: 970.221.6357

[www.fcgov.com/recreation/youthprograms](http://www.fcgov.com/recreation/youthprograms)

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I have notified your program that my child, \_\_\_\_\_, has the following medical condition(s): \_\_\_\_\_

However, at this time I do not wish to supply you with any medications for the above-mentioned conditions(s).

**Please initial the following:**

\_\_\_\_\_ I take full responsibility for any reactions or problems related to my child's medical condition while in your care.

\_\_\_\_\_ I acknowledge that if any situation occurs that the program considers to be an emergency, 911 will be called to provide care for my child.

\_\_\_\_\_ For asthma or allergies, I agree to the conditions outlined on the second page of this agreement. I understand that I can work on an alternate treatment plan with my child's doctor and the program if I feel it is needed.

**Parent/Guardian Printed Name:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**For Asthma:**

Parent will be called to immediately come to the site and takeover care of the child for ANY symptoms that do not improve within 3 minutes of the child stopping activity to sit quietly and drink a glass of water (room temperature preferred, not ice water). If the parent treats the child onsite and the child is able to return to activity the child will be reaccepted into the program at that time.

If at any time a child struggles to breathe or talk, has the skin of the neck pull in with breathing, begins to turn blue, or starts to lose consciousness, 9-1-1 will be called.

**For Allergies:**

If a child presents with hives or itching from possible exposure to an allergen or an unknown cause, parents will be called to takeover care of the child or provide treatment.

If the child shows any of the following severe symptoms, 9-1-1 will be called:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy,  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Significant swelling of the tongue and/or lips  
SKIN: Many hives over body, widespread redness  
GUT: Repetitive vomiting, severe diarrhea  
OTHER: Feeling something bad is about to happen, confusion.

**Please initial the following:**

\_\_\_\_\_ I have read and understand the guidelines as outlined above.

**Parent/Guardian Printed Name:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_