

Participant Medical Information Forms

Dear Parents:

The Glencoe Park District requests the parents/guardians of program participants complete and submit a Food Allergy Action Plan and other required Medical Forms listed below. These forms must be completed in full and submitted a minimum of **7 days** prior to the participant's first day of attendance to allow Park District staff time to make accommodations and to train appropriate staff. Please see following documents to be completed and to provide further clarification.

Each required form must be completed and submitted in ePACT. Required forms may include all or any of the following:

- Waiver and Release of All Claims for Use of Inhaler or Auto-Injector
- Permission to Dispense Medication / Waiver and Release of All Claims
- Medication Dispensing Information
- Food Allergy Action Plan

We are happy to work with your family to provide the safest possible experience for your child. If you have any questions or wish to have additional conversations about your child's health and safety in Glencoe Park District programs, please contact the Glencoe Park District at 847-835-3030 or contact the Program Manager for your child's program.



Waiver and Release of All Claims for Use of Inhaler or Auto-Injector

Waiver and Release of all Claims and Indemnification

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 et seq., you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto injector or inhaler at the program or at any program-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Glencoe Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a program setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Glencoe Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Glencoe Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Glencoe Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Glencoe Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Glencoe Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participant's Name (please print): _____

Parent /Guardian's Signature: _____ **Date:** _____

Authorization to Post Allergy Information

I hereby give authorization to the Glencoe Park District to post information in my child's classroom(s) pertaining to my child's allergy, including a photo, the nature of the allergy, and the emergency medical plan.

Parent /Guardian's Signature: _____ **Date:** _____



Authorization to Dispense Medication

This authorization must be completed for each program session, for each medication, and/or when medication changes.

The Glencoe Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

Please be aware the Glencoe Park District is only authorized to administer specific medications. A Program Manager will follow up with you regarding your child's medication needs. Program Manager approval is required before medication will be dispensed.

Name of Program: _____

Date: _____

I, _____ give permission to the staff of the Glencoe Park District to administer to my child _____ :

Name of Medicine:	
Prescription Number:	
Dosage Amount:	
Date(s) to be Administered:	

I understand that it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, and **envelopes clearly labeled with the participant's name, name of medication, and complete dosage instructions.**

Parent /Guardian's Signature: _____

Date: _____

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Glencoe Park District administering medication to my minor child, I do hereby fully release or discharge the Glencoe Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Glencoe Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

Parent /Guardian's Signature: _____

Date: _____



Medication Dispensing Information

This form must be completed for each program session, for each medication, and/or when medication changes.

PARTICIPANT INFORMATION:

Participant's Name:	
Age:	
Address:	
Parent's/Guardian's Name:	
Home Phone:	
Work Phone:	
Program Name:	
Doctor's Name:	
Doctor's Phone:	

MEDICATION INFORMATION:

Name of Medicine:	
Dosage Instructions:	
Date/s to be given:	
Time/s:	
Possible Side Effects:	

Dispensing and Storage Instructions:

Does the child have any limitations, which will occur due to the listed medication? If so, please explain:

Other Information:

I understand that it is my responsibility to give the medication directly to program staff with full instruction in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Parent /Guardian's Signature: _____

Date: _____



Allergy Information Sheet and Checklist

Participants with 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 Glencoe 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 participants with life-threatening allergies to participate in our programs. Glencoe Park District requests participants, parent (s) and/or guardian (s) complete and submit a Food Allergy Action Plan and other required forms a minimum of **7 days** prior to the participant's first day of attendance to allow Park District staff time to make accommodations and to train appropriate staff.

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 Program Manager, and the program staff on the following:

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

- 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

Parent Checklist:

- ☐ Provide the Program Manager with written medical documentation, instructions, and medications as directed by a physician, using the Emergency Health Care Plan.
- ☐ Complete Epi-pen/Inhaler waiver (if applicable).
- ☐ Manage periodic updates of any prescription medication through physicians.
- ☐ If child has an Epi-pen, parent should provide the Park District with a separate Epi-pen for each Park District Program the child is enrolled in, including manufacturer instructions and training by the parent on the use of an Epi-pen.
- ☐ Written emergency procedures in the event of an allergic reaction.
- ☐ Provide properly labeled medications and replace medications after use or upon expiration.

Parent /Guardian's Signature: _____

Date: _____

INTERNAL USE:

Program Manager: _____

Date: _____

Director of Recreation and Facilities: _____

Date: _____



Name: _____ D.O.B.: _____ Allergy to: _____

**PLACE
PICTURE
HERE**

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

[] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Short of breath,
wheezing,
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,
anxiety, confusion

OR A
COMBINATION
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**

2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy/runny
nose,
sneezing



MOUTH

Itchy mouth



SKIN

A few hives,
mild itch



GUT

Mild nausea/
discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

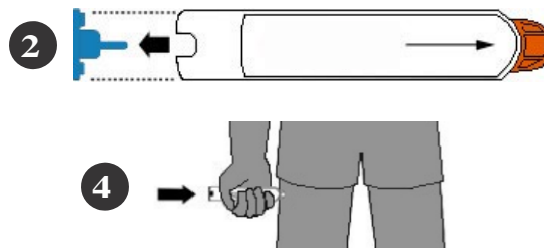
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

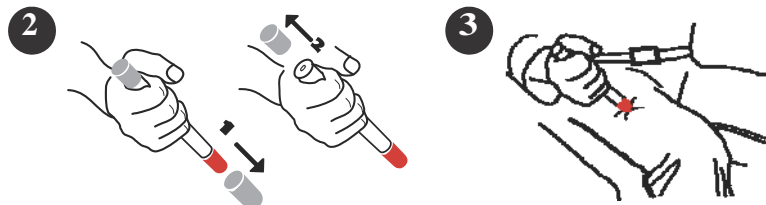
EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



ADRENALINE® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____