



SUPPLEMENTAL MEDICAL PACKET

SEVERE ALLERGY & MEDICATION FORMS

**CAMP WILD AND
WIDLERNES ADVENTURE CAMP**

SUMMER DAY CAMP



CITY OF MAPLE VALLEY DAY CAMP PROGRAM



Introduction

MEDICATION & SEVERE ALLERGY GUIDLINES

The City of Maple Valley has established the following guidelines for dealing with participants with severe allergies. A severe allergy is defined as an allergy that would pose a life threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time than it would take for the Fire department or Paramedics to arrive.

PARENT(S)/GUARDIAN(S) MUST COMPLETE AND PROVIDE THE FOLLOWING:

1. A signed copy of the **Medical Information and Waiver Form**. Page 3 of the registration form
2. A signed copy of the “**Emergency Care Authorization Form**”, see part 1. This form must be filled out completely by the child’s physician and parent(s)/guardian(s), and must be updated every year or more frequently if necessary This form is designed to provide the City of Maple Valley day camp staff with information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction
3. All equipment and medications needed by the City of Maple Valley to comply with the instructions as set forth in the enclosed Authorization Form. The parent(s)/guardian(s) are responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date
4. All medication must have the original prescription label complete with the:
 - a. Camper’s name
 - b. Doctor’s contact
 - c. Detailed Instructions
 - d. Dosage
 - e. If it is necessary for the child to carry the medication at all times; the doctor needs to specify this on the form



Introduction continued



STAFF EMERGENCY TREATMENT TRAINING:

At least 3 Business days prior to the child's first day of attendance at camp, the parent(s)/guardian(s) or their designee(s) are responsible for contacting and training the Camp Manager or their designee(s) or selected members of the staff. The training should include information on the following:

- a) The events/substances that may trigger an allergic reaction
 - b) With respect to food allergies, limitations on the child's food consumption
 - c) Symptoms of an allergic reaction
 - d) When and how to administer treatment for an allergic reaction
1. Two (2) members of the Maple Valley Parks & Recreation camp staff shall attend the training provided by the parent(s)/guardian(s)/designee(s). Upon completion of the training, the staff shall complete and sign the "Staff Emergency Treatment Training Form"
 2. Training shall be repeated every year, or if the on-site staff has turned over, whichever comes first
 3. At least one trained staff member shall be present at all times the child is present at the program and trained staff shall accompany the child on field trips
 4. Warnings alerting staff of the child's particular allergy shall be recorded using the provided forms during the registration process and printed on the daily attendance roster

STEPS FOR TREATING AN ALLERGIC REACTION: All allergic reactions should be treated in accordance with the instructions provided by the child's physician on the EMERGENCY CARE AUTHORIZATION FORM. If the child shows signs and symptoms of an allergic reaction, the following steps must be taken:

1. A trained staff member administers medication as instructed on the EMERGENCY CARE AUTHORIZATION FORM. Unless otherwise indicated on the form, these medications should be administered immediately
2. A designated staff member calls 911, unless stated otherwise on the EMERGENCY CARE AUTHORIZATION FORM, and the parent(s)/guardian(s)
3. If epinephrine is prescribed, the trained staff and camper will together give the pre-measured doses of epinephrine (such as contained in the Epi-Pen, Jr.)

MEDICATION STORAGE: All medications will be locked up in a location determined by the Camp Manager. Refrigeration is available.



SPECIAL NEEDS:

A Parent/Guardian **must** notify the Maple Valley Parks & Recreation Department of any special requirements or physical limitations of their child at the time of registration. In some cases, a doctor's approval may be required. Enrollment may be denied if after consultation; the Camp Manager or Recreation Coordinator assesses that the needs of the child exceed the abilities of the staff to provide within reasonable accommodation, unless the parent/guardian or their assigned adult agent can provide the necessary accommodation. *It is recommended that if a child requires medication in order to be successful at school, the medication should also be provided during camp participation.* Any child with special needs must contact Allison Scott, Recreation Coordinator a minimum of 7 days prior to registering allison.scott@maplevalleywa.gov. Note: The camp staff to camper ratio is one staff for every ten (10) campers. Some special needs campers may be required to provide an attendant or the parent/guardian may stay with the child.

In extreme cases the City of Maple Valley’s Camp Wild will be unable to provide the proper environments and/or conditions to permit enrollment.

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Part I.

MEDICATION & SEVERE ALLERGY

EMERGENCY CARE AUTHORIZATION FORM
TO BE COMPLETED BY LICENSED PHYSICIAN
PARTICIPANT HEALTH FORM

Date: _____

_____	_____	_____
Child’s Last Name	Child’s First Name	Age

Medical Issues:

Medical/Behavior Issues _____

Required Medication(s) _____

Other Medical: _____

DETAILS: _____

Allergens:

_____ Insect Bite(s): (identify)

_____ Animal Fur: (identify)

_____ Food Allergy: (identify)

_____ Other: (identify)

Symptoms:

_____ Shortness of breath or difficulty in breathing	_____ Hives
_____ Swelling of the face or lips	_____ Vomiting
_____ Other: (explain)	_____ Diarrhea

Part I. Continued.



Procedures:

Do not administer medication in the absence of known exposure to allergen. (explain):

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

_____ Administer Medication (specify)

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

_____ Call parent(s)/guardian(s)

_____ Child's physician

_____ Other (explain):

Name of medication(s):

Diagnosis/purpose of medication(s):

Dosage prescribed:

Time schedule:

Dosage form: (Tablet, Liquid, etc.)

Date of prescription: _____

Precise method of administering the medication:

Length of time medication will be necessary:

Part I. Continued.

Possible side effects:

Action to be taken in case of side effects:

Storage/transferring instructions:

Special instructions:

Parent(s)/Guardian(s) _____

Date



I verify that this day camp participant is under my care and requires this medication.

Print Doctor's Name

Street Address

City

State

Zip code

Telephone

Doctor's Signature _____

Date



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Part II.

MEDICATION RELEASE AND WAIVER
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))

_____ Participant Last Name	_____ Participant First Name	
_____ Sex	_____ Age	_____ Date of Birth

The above named participant is required to take medication prescribed by a licensed physician during the Day Camp Program. I request that designated City of Maple Valley personnel to supervise the administration of medication to my child in accordance with the instructions provided by the physician as listed in Part 1.

By signing this form, I/We authorize City of Maple Valley staff to follow the instructions as stated in this packet. I/We agree to update this form as my/our child's needs change.

Name: _____
#1 Parent(s)/Guardian(s)

Address: _____

_____ City	_____ State	_____ Zip
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Home Telephone Number: _____

Cell or Emergency Contact Number: _____

Name: _____
#2 Parent(s)/Guardian(s)

Address: _____

_____ City	_____ State	_____ Zip
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Telephone Number: _____

Emergency Contact Number: _____

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

Date:

**CITY OF MAPLE VALLEY
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Part III.

SEVERE ALLERGY MEDICATION GUIDLINES

RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))

I/We the Parent(s)/Guardian(s) hereby on this release the City of Maple Valley and all their Agents and Employees from any and all liability arising in law or equity as a result of employees administering emergency treatment related to a severe allergic reaction, providing that the City of Maple Valley has used reasonable care in providing care in accordance with the procedures outlined in the EMERGENCY CARE AUTHORIZATION FORM

Waiver Allowing Participant to Carry Epi-pen/Asthma Inhaler

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-Pen and /or asthma inhaler be kept on his/her person while participating in a Maple Valley Parks & Recreation Department activity. In addition a completed Supplemental Medical Form must be completed.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition,

I, _____ (parent/guardian), hereby request that _____ (camper) be allowed to keep an ☐ Epi-pen or ☐ asthma inhaler on his/her person while participating in all Camp Wild recreation activities. I understand that to qualify for this exemption, this child must be capable of safely storing the necessary device on his/her person (fanny pack or pocket) and must be capable of using the device appropriately without assistance from Camp Wild staff.

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

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



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Part IV.

SEVERE ALLERGY MEDICATION GUIDLINES

EMERGENCY ALLERGY TREATMENT TRAINING ACKNOWLEDGMENT
TO BE COMPLETED BY CITY CAMP STAFF

I, _____ & _____,
(Staff Name) (Staff Name)

have been trained by _____ to administer emergency
(Parent(s)/Guardian(s)/Designee(s))

medical related to a severe allergic reaction to _____,
(Camper's Name)

In the event the child has been exposed and is at risk of anaphylactic reaction or if they exhibit the symptoms described in the "Emergency Care Authorization Form I have been trained to and will administer emergency medical treatment.

1. Signature: _____ Date: _____
(Staff Signature)

2. Signature: _____ Date: _____
(Staff Signature)

I have met with and trained the above authorized camp staff to administer emergency medical treatment to my son or daughter.

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



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Part V.

SEVERE ALLERGY MEDICATION GUIDLINES

ACKNOWLEDGMENT OF RECEIPT OF SEVERE ALLERGY MEDICATION GUIDLINES
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))

I (we) acknowledge receipt of this City of Maple Valley's Severe Allergy Medication Guidelines.

Print Name: _____
#1 Parent(s)/Guardian(s)

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

Print Name: _____
#2 Parent(s)/Guardian(s)

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

