



Dear Parent:

In order to provide the best possible care for your child, while he/she is attending our programs, the Centerville-Washington Park District has adopted a policy for the administration of Epinephrine for children with severe allergies. All information must be completed and returned to the Park District at least one week prior to your child attending camp or a program.

### **PARENT/GUARDIAN RESPONSIBILITIES**

1. PARTS I, III, IV of this document must be completed and signed by the parents/guardian of the child and returned to the Centerville-Washington Park District prior to participating in any Park District programs. All information must be up to date at all times.
2. PART II must be completed and signed by the child's physician and returned to the Centerville-Washington Park District prior to participating in any Park District programs.
3. Parents/Guardians are required to provide the Centerville-Washington Park District, at parents'/guardians' expense, all equipment and medication needed to comply with the instructions set forth in the Medical Authorization and Instruction Form (including, but not limited to, a device such as an Epinephrine auto injector or Epinephrine auto injector, Jr.). Parents/Guardians are solely responsible for ensuring that all medication is properly labeled by a pharmacist and has not expired.

If you have any questions or concerns, please feel free to contact me at 937-433-5155.

Sincerely,

Jake Hensel

Programs Manager

937.433.5155



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[mail@cwpd.org](mailto:mail@cwpd.org)



221 N. Main Street  
Centerville, Ohio 45459



# CENTERVILLE-WASHINGTON PARK DISTRICT RESPONSIBILITIES

1. The Centerville-Washington Park District will maintain records and forms provided by parent/guardian.
2. The Park District will train employees to administer Epinephrine injections.
3. If appropriate, because the child is unable to administer the Epinephrine auto injector or Epinephrine auto injector for himself/herself, a trained Park District staff member will administer the dose of medicine required.
4. The Park District cannot ensure that children will not come in contact with any natural allergens. This includes, but is not limited to: nuts, berries, molds and mildew as these items occur naturally in all of the parks.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Park District Representative Signature

Child's/Ward's Name: \_\_\_\_\_

# RELEASE AND INDEMNIFICATION AGREEMENT

## Emergency Care For Prevention of Anaphylaxis

### PART I: To be completed by the Parents/Guardian

I/We hereby authorize the Centerville Washington Park District (CWPD) personnel to assist my/our child/ward in administering Epinephrine injections as directed by my/our child's/ward's physician. In the event my/our child/ward is incapable of self-administering said injection, CWPD personnel may administer said injection as directed by my/our child's/ward's physician.

I/We hereby acknowledge that CWPD personnel are not trained medical professionals and may misdiagnose signs of anaphylaxis and when Epinephrine is to be administered and further, cannot guarantee nor be responsible for a satisfactory outcome of the administering of the medication.

In consideration of permitting my/our child/ward to participate in recreation programs sponsored by the CWPD, I/we, as the stated child's parent(s) or guardian(s), hereby agree to release and discharge, as well as indemnify and hold harmless Centerville-Washington Park District, its Commissioners, Agents, Employees, Assignees, and Volunteers from any claims, demands, actions of any type and nature, and expenses, including reasonable attorney's fees, resulting from the administration of Epinephrine or other emergency care, provided said medication and care is given in accordance with the Medical Authorization and Instruction Information completed by the child's/ward's physician or from their failure to administer emergency care or Epinephrine when required. I/we have read the information and procedures outline included with this form and I/we agree to assume the responsibilities imposed. I/we further acknowledge that an emergency squad will be called when Epinephrine is injected, whether or not the child/ward manifests any symptoms of anaphylaxis, and I/we agree to be solely responsible for any expenses incurred if my/our child/ward is transported to any facility for further care or evaluation.

Child's/Ward's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**To be signed by at least one natural parent or guardian, preferably both natural parents or guardians**

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_

# MEDICAL AUTHORIZATION AND INSTRUCTION INFORMATION

## PART II: To be completed by Physician

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician – The Centerville-Washington Park District has been advised that the child named above is under your care and treatment because of his/her severe allergies to certain foods, which could result in anaphylaxis. In consideration of permitting the child to participate in educational and recreational programs within the Centerville-Washington Park District properties, we require that the parent/guardian obtain the following information from you:

1. What is the nature of the child's allergy? \_\_\_\_\_  
\_\_\_\_\_
2. What symptoms will the child exhibit when exposed to the allergen(s)? \_\_\_\_\_  
\_\_\_\_\_
3. When should Epinephrine be given? \_\_\_\_\_  
\_\_\_\_\_

**Check as appropriate:** (medication expiration date must be clearly indicated)

**Epinephrine auto injector, Jr.** (person weighing less than 66 lbs.)

\_\_\_\_\_ Give pre-measured dose of 0.15mg of Epinephrine 1:2000 aqueous solution. (0.3cc)

\_\_\_\_\_ Repeat dose every \_\_\_\_\_ if rescue squad has not arrived. (2 doses will be required on site at all times)

**Epinephrine auto injector** (person weighing 67 lbs. and over)

\_\_\_\_\_ Give pre-measured dose of 0.3 mg of Epinephrine 1:1000 aqueous solution (0.3cc)

\_\_\_\_\_ Repeat dose every \_\_\_\_\_ if rescue squad has not arrived. (2 doses will be required on site at all times)

**Auvi-Q® 0.3 mg** (person weighing greater than or equal to 66 lbs)

\_\_\_\_\_ Give pre-measured dose of 0.3mg of Epinephrine 1:2000 aqueous solution. (0.3cc)

\_\_\_\_\_ Repeat dose every \_\_\_\_\_ if rescue squad has not arrived. (2 doses will be required on site at all times)

**Auvi-Q® 0.15 mg** (person weighing 33-66 lbs.)

\_\_\_\_\_ Give pre-measured dose of 0.15mg of Epinephrine 1:2000 aqueous solution. (0.3cc)

\_\_\_\_\_ Repeat dose every \_\_\_\_\_ if rescue squad has not arrived. (2 doses will be required on site at all times)

4. What other emergency medical care should be provided if the child is exposed to the allergen?

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Please be advised that while the staff at the Centerville-Washington Park District are First Aid and CPR certified, as well as trained to administer an Epi-pen, they are not trained medical professionals. In your opinion, does the child know the following?

Nature of his/her condition	YES _____	NO _____
Symptoms of an allergic reaction	YES _____	NO _____
How to self-administer required medication	YES _____	NO _____
When to self-administer required medication	YES _____	NO _____

\_\_\_\_\_  
Physician Name (print)

Phone: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

Date: \_\_\_\_\_

Child's/Ward's Name: \_\_\_\_\_

# RECOMMENDED ACTIVITY GUIDE FOR CHILDREN WITH SEVERE ALLERGY

## PART III. To be completed by the Parent/Guardian

In order to provide the best possible care for your child/ward, we ask that you please make our staff fully aware of special needs or medical problems that he/she may have. Should he/she be unable to cope with the rigorous activity schedule our program involves, it may be necessary for you to provide an aide to be with him/her. This possibility must be discussed with the Program Manager prior to the start of the program.

Child's/Ward's Name \_\_\_\_\_ Age \_\_\_\_\_

Allergy \_\_\_\_\_

Special Care Instructions (if any) \_\_\_\_\_

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Activity Limitations (if any) \_\_\_\_\_

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\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

# EPINEPHRINE INFORMATION AND PROCEDURES AGREEMENT

## PART IV. To be completed by the Parent/Guardian

1. Epinephrine will not be administered without signed parent/guardian and physician authorizations.
2. Personnel may not accept medications unless the Authorization Form is completed and signed.
3. The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in the conditions under which Epinephrine is to be injected.
4. Centerville-Washington Park District personnel will administer or assist in administering pre-measured doses of Epinephrine.
5. All medication provided must be properly labeled by a pharmacist with the expiration date clearly indicated.
6. If repeat doses of Epinephrine auto injector injections are in the physician's order for care, the parent/guardian must supply two (2) Epinephrine auto injector kits.
7. Medications must be hand delivered by the parent/guardian on a daily basis to each program and any unused portions must be picked up by the parent/guardian immediately following the program. If not picked up, medication may be destroyed by CWPDP without liability to the parent/guardian.
8. All medication is to be kept by the program participant or the CWPDP personnel assigned to him/her and will not be kept between programs, even if they occur on a daily basis.
9. The Centerville-Washington Park District does not assume responsibility for unauthorized medication taken independently by the child/ward.
10. Under no circumstances may any staff facilitate the taking of any medications outside the procedures outlined in this document.

Child's/Ward's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional information regarding the child's/ward's condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**To be signed by at least one natural parent or guardian, preferably both natural parents or guardians**

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

### **Notification of Changes**

This should be done once per year. If changes occur, new paperwork must be submitted. If there are no changes, please indicate below.

\_\_\_\_\_  
Staff member confirming no changes

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff member confirming no changes

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff member confirming no changes

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff member confirming no changes

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff member confirming no changes

Date: \_\_\_\_\_

Child's/Ward's Name: \_\_\_\_\_