Authorization for Emergency Life Saving Medication Administration

If it is required for medication to be administered to your child in a medical emergency while attending the following CARD programs, please complete and submit this packet to CARD *a minimum of two business days prior to the first day of any program*.

- After School Programs
- Camps
- Preschool

It is the responsibility of the parent to notify CARD every time the child is enrolled in any program in which emergency life saving medication administration may be necessary. The parent must also provide updated forms if the child's needs change.

Following the review of the completed packet, CARD reserves the right to decline responsibility to administer the emergency life saving medication required for your child as described in the attached forms on the basis that such is not a reasonable accommodation required under the Americans With Disabilities Act.

Child's Name_____ Child's Date of Birth _____

Parent/Guardian Name_____ Relationship to Child _____

Phone #_____ Email Address _____

Address _____

City Zip

By signing this form, I authorize_____, my child's physician, to complete Part II hereof and return it to CARD. I also authorize CARD to follow the instructions in this Authorization packet. I agree to notify CARD every time I enroll my child into a program in which emergency life saving medication administration may be necessary. I will also provide updated forms if my child's needs change.

Parent/Guardian Signature:_____ Date: _____

RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY LIFE SAVING MEDICATION TO CHILD WITH EMERGENCY MEDICAL NEEDS

I hereby authorize designated agents of the Chico Area Recreation and Park District (CARD) to administer the above listed medication to my child. This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY LIFE SAVING MEDICATION TO CHILDREN WITH EMERGENCY MEDICAL NEEDS and is based on the following facts:

A. CARD provides child care services and other programs at numerous facilities in its District and I/we, the Parent/Guardian of the above child, have enrolled the above child in the following CARD program(s):

_____;
(Program Name/s)

B. I/we have requested CARD to administer emergency life saving medication to the child during certain emergency situations, as prescribed in writing on the above "Authorization for Emergency Life Saving Medication Administration" (hereinafter referred to as the "*Authorization*"), all in accordance with and subject to CARD's policy for administering emergency life saving medication to children.
C. I/we acknowledge that CARD personnel are not medically educated or trained in administration of medication for the condition described in the Authorization but nonetheless request that CARD personnel do such in order that the child may participate in the program despite his or her medical condition and may experience the condition requiring the administration of the medication described in the Authorization while doing so.

In consideration of the foregoing facts and of CARD allowing my/our child to participate in the Program despite his or her medical condition, I/we agree as follows:

1. I/we the parent/guardian of the above child, hereby release and forever discharge CARD and its directors, officers, employees and agents and each of them (the "Releasees") from any and all liability arising in law or equity as a result of the Releasees administering the medication described in the above Authorization or providing other emergency care in conformance with the child's Authorization.
2. 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.
3. 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.

Parent/Guardian Signature:_____ Date: _____

PART I- To be completed by parent/guardian

Child's Name_____ Child's Date of Birth _____

Child's medical condition requiring *emergency life saving* medication administration:

_____

FOR MEDICAL CONDITIONS OTHER THAN ALLERGIES: Describe symptoms that will indicate medication administration will be needed:

_____

FOR ALLERGIES: If medical condition is an allergy, what sort of contact will trigger an allergic reaction and what life saving treatment will be required?

Contact (if your child has multiple allergies, specify allergy)	**Reactions** (if your child has multiple allergies, specify allergy)	**Life Saving Treatment Required** (if your child has multiple allergies, specify allergy)
Touch		
Ingestion		
Airborne		
Other		

FOR ALL ALLERGIES AND MEDICAL CONDITIONS:
If providing life saving treatment, follow these steps. Include when to call EMS and/or parent.

1. _____
2. _____
3. _____

Possible immediate side effects of the medication listed above:_____

PART II- To be completed by physician if child requires emergency life saving medication administration

Physician Name_____ Phone # _____

Address _____

City Zip

1. Does the child's medical condition require emergency life saving medication?
   Please check: Yes ☐ No ☐

2. Administration of the medication in the manner described by the parent can be safely done by a person with no medical education or training.
   Please check: Yes ☐ No ☐

3. The information provided by the parent in PART I of this packet is correct and based on my medical diagnosis of their child.
   Please check: Yes ☐ No ☐
   If no, please provide correction: _____

   _____

   _____

Physician's Authorizing Signature:_____ Date: _____