



# PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICATIONS FORM

CITY OF ORINDA PARKS & RECREATION (2021)

*\*Only Submit if Applicable.*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Camp Name & Session (or date range): \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

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

Medical Condition: \_\_\_\_\_

Asthmatic:  Yes  No

Allergies (Note severity, food restrictions, etc.): \_\_\_\_\_

Allergic Reaction (Signs or symptoms to look for): \_\_\_\_\_

Medications:  Keep at Site  Brought Daily in Child's Bag

Name of Medication: \_\_\_\_\_ Form (liquid, pill, etc.): \_\_\_\_\_

All medication, prescriptions and over the counter, must be provided to City employees, staff members or volunteers in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons, or other instruments for the medication's administration. **The medication dosage must be completed below in the Instructions section.** If additional instructions required, please attach another sheet.

### Instructions:

Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms for a medical condition. You must confirm these steps with your child's physician for health care provider. By providing these instructions, you are consenting to staff's assistance with the medical treatments of your child.

*Example: (1) Administer Epi-pen (2) Administer 2 teaspoons of liquid Benadryl (3) Call 911 (4) Call Parents at xxx-xxxx*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*Authorization, Waiver, and Release continued on next page...*



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## Authorization, Waiver & Release:

*I authorize any City of Orinda employee, staff member or volunteer to perform emergency procedures, including assisting with self-administered medications (whether over the counter or prescription) or any other steps that I have described above to treat any illness, medical condition, allergic reaction, or injury.*

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

*I hereby authorize City of Orinda employees, staff members or volunteers to assist my child in the self-administration of medication on my behalf (e.g., use of the lawfully prescribed Epi-Pen or other medication in the event of an allergic reaction by my child.)*

*I acknowledge the assistance in administration of medication to my child by an individual who is not a nurse or medical professional may be necessary, and I specifically consent to such practice. I hereby waive any claim for myself, my heirs, executors, assigns or personal representatives that I may have against the City of Orinda, its officials, officers, employees, agents or volunteers, from any and all claims for damages arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child. I further agree to protect, indemnify, defend and hold harmless the City of Orinda, its officials, officers, employees, staff or volunteers, for any claims for damages, including attorney fees, arising out of or in any way connected to the self-administration, assist-in-administration, failure to administer or attempt to administer any medication to my child.*

*I also give my permission to the City of Orinda employees, and contracted staff to contact emergency services or obtain emergency medical treatment if necessary. I agree to be wholly responsible to payment of any and all medical and emergency services rendered to my child.*

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

## Reminders:

- Participants are responsible for arriving at the program with all necessary medications, supplies, pumps, back-up medications and any other equipment necessary for the participant to safely self-administer their medications.
- Medical monitoring of blood sugar levels must be done by parents or guardians prior to attending the program each day, to ensure that they are within their target range.
- Staff will not be responsible for identifying symptoms of hyperglycemia or hypoglycemia, but can assist the participant in checking blood sugar levels with proper training provided by parents or guardians.
- Parents / guardians are responsible for providing all necessary information regarding dietary restrictions, food allergies or special diet considerations to staff.
- Participants and parents / guardians shall be advised and reminded that it is the participant's responsibility to administer the medication and that staff will only assist as needed. Staff will not give scheduled injections.
- It is the responsibility of the parent / guardian to pick up any medication that remains at the conclusion of the program. Any medication not picked up will be disposed of in a safe manner.