



**CITY OF GALT
PROCEDURES FOR REQUESTING EMERGENCY TREATMENT
FOR CHILDREN WITH ALLERGIES/ANAPHYLAXIS REQUIRING
EPINEPHRINE AUTO-INJECTOR (“EPI-PEN”)**

The City of Galt (“City”) recognizes that some children may have allergies of such severity that they may require an Epinephrine Auto-injector (“EpiPen”) to prevent anaphylaxis during the course of their participation in the City Tots or SOAR’s programs conducted by the City of Galt. The City is concerned for the health and safety of all children in its care. Accordingly, when a parent(s)/guardian(s) is registering their child in City Tots or SOAR’s and the parent(s)/guardian(s) indicates that the child has severe allergies warranting the use of an EpiPen, the following is required:

1. Prior to the first day of the program, parent(s)/guardian(s) must meet with staff to discuss the City’s policies and procedures in dealing with severe allergies and anaphylaxis. Prior to the first day of the program, the parent(s)/guardian(s) will provide the necessary forms to staff which includes information on the nature of the child’s allergies, including (a) the events/substances that may trigger allergic reaction(s)/anaphylaxis, (b) symptoms of an allergic reaction/anaphylaxis, and (c) when and how to administer treatment for an allergic reaction/anaphylaxis. The forms will include the parent(s)/guardian(s) acknowledgement in writing that the City of Galt will not be responsible for any cost associated with any emergency treatment resulting from a severe allergic reaction/anaphylaxis. If City staff administers prescribed medication to a child, emergency personnel via “911” may be contacted and the child may be transported to a medical facility.
2. A signed copy of the "Authorization for Emergency Care of Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-injector (“EpiPen”)" (“Authorization Form”) must be filled out completely by the child’s physician and parent(s)/guardian(s), and must be updated annually or more frequently, as needed. The parent(s)/guardian(s) will consent to City of Galt staff having the ability to communicate directly with the child’s physician regarding the medication and its effects, if staff feels it is appropriate. In addition, a signed copy of the "Release and Waiver of Liability for Administering Emergency Treatment to Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-injector (“EpiPen”)" form must be completed by the parent(s)/guardian(s) and must be submitted prior to check-in on the first day of the program. This Waiver of Liability releases the City and its employees from liability for administering treatment to children with severe allergies/anaphylaxis and for taking any other necessary actions set forth in the Authorization Form, provided that the City exercises reasonable care in taking such actions.
3. All forms must be completed and submitted prior to check-in on the child’s first day of the program. Once the forms are received, staff will review the information provided with the parent(s)/guardian(s).
4. On the first day of the program, the parent(s)/guardian(s) must provide to City staff all prescribed medication(s) needed by the City to comply with the instructions set forth in the Authorization Form. The parent(s)/guardian(s) is responsible for ensuring that all medication is properly labeled by a pharmacist, to include:
 - Name of child
 - Name of prescribing physician
 - Name of medication and a prescription number
 - Name of pharmacy dispensing the medication; and
 - Amount of the medication to be taken at specified times and/or the specific situations in which it is to be taken

The parent(s)/guardian(s) is also responsible for replacing prescribed medication(s) prior to its expiration date.



**THE CITY OF GALT
AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH
ALLERGIES/ANAPHYLAXIS REQUIRING EPINEPHRINE
AUTO-INJECTOR ("EPI-PEN")**

Date: _____

Dear Doctor:

Your patient (print name), _____, is enrolled/enrolling in a recreational program with the City of Galt and we have been requested to provide certain emergency care when needed. Please complete **Part I** of this instruction record. This record will remain in the child's file at the City's recreational program so we may assist with the emergency care and needs of your patient for allergies/anaphylaxis. If you need to provide further instructions or clarifications, please provide the information on a separate sheet of paper, which will become a part of this record and will be kept with this form in the child's file at the City.

PART I (to be completed by physician)

Child's Name (print): _____ Child's Birthdate: _____

Symptoms

Please provide a complete list of all symptoms that indicate that the child requires emergency treatment.

Shortness of Breath or Difficulty in Breathing

Allergies/Anaphylaxis (explain): _____

Other (explain): _____

Procedures

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

____ Give Epinephrine Auto-injector (EpiPen)

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

____ Call parent(s)/guardian(s) and child's physician

Recreational Activities

1. The child may participate in recreational activities. Yes No

2. Activity restrictions: None Some Restrictions

(explain):

Child's Physician

Name (print): _____

Address: _____

Telephone No.: _____

Emergency Contact Telephone No.: _____

Signature: _____ Date: _____



**THE CITY OF GALT
AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH
ALLERGIES/ANAPHYLAXIS REQUIRING EPINEPHRINE
AUTO-INJECTOR (EPI-PEN)**

PART II (to be completed by Parent(s)/Guardian(s))

Child's Name (print): _____ Child's Birthdate: _____

Parent(s)/Guardian(s)

Print Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Print Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

By signing this form, I authorize the staff with the City of Galt to follow the above instructions on the Authorization Form. I agree to update this form every year or sooner if my/our child's needs change.

Signature: _____

Parent / Guardian

Date: _____



CITY OF GALT
RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY
TREATMENT TO CHILDREN WITH ALLERGIES/ANAPHYLAXIS REQUIRING
EPINEPHRINE AUTO-INJECTOR (“EPI-PEN”)

Child's Name (print): _____ Program: _____

The City of Galt (“City”) recognizes that some children may have allergies of such severity that they may require an Epinephrine Auto-injector (“EpiPen”) to prevent anaphylaxis during the course of their participation in the program conducted by the City of Galt. Accordingly, the City has been requested by the Parent(s)/Guardian(s) of the above-named child to administer emergency treatment to the child during certain emergency situations when the child may need medication. Such emergency treatment will be conducted in accordance with the City’s policy for administering emergency treatment to children with severe allergies/anaphylaxis and the instructions provided by the child’s physician in the “Authorization for Emergency Care of Children with Allergies/Anaphylaxis Requiring Epinephrine Auto- injector (“EpiPen”)” (“Authorization”). In addition, the Parent(s)/Guardian(s) has been informed that if City staff administers prescribed medication to a child due to a severe allergic/anaphylactic reaction, City staff may also contact emergency personnel via “911” and the child will be transported to a medical facility.

1. Parent(s)/Guardian(s) releases and forever discharges the City and its employees or agents from any and all liability arising in law or equity as a result of the City’s employees or agents administering emergency treatment (including the administration of medication(s), e.g. Epinephrine Auto-injector (EpiPen), provided that the City has used reasonable care in administering emergency treatment and in providing other authorized care in accordance with the Authorization signed by the child’s physician. In addition, Parent(s)/Guardian(s) releases City and its employees or agents from any and all costs associated with utilization of the “911” emergency system and any transportation to a medical facility as well as the costs for any resulting treatment.
2. This Release shall be governed by the laws of the State of California.
3. This Release supersedes and replaces all prior agreements, whether written or oral, concerning the covered subject matters. This Release, along with the Authorization (including any additional physician’s instructions or clarifications), which is incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.
4. The reference in this Release to the term "the City" shall include the City of Galt, its affiliates, successors, directors, officers, employees, agents, and representatives. The terms “Parent(s)/Guardian(s)” shall include the dependents, heirs, executors, administrators, assigns, and successors or each.
5. 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(s) or Guardian(s)

Signature: _____

Print Name: _____

Date: _____



CITY OF GALT
ACKNOWLEDGMENT OF RECEIPT OF PROCEDURES FOR REQUESTING
EMERGENCY TREATMENT FOR CHILDREN WITH ALLERGIES/ANAPHILAXIS
REQUIRING EPINEPHRINE AUTO-INJECTOR (“EPI-PEN”)

Child's Name (print): _____ Program: _____

I acknowledge that I have received a copy of the City of Galt's Procedures for Requesting Emergency Treatment for Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-injector (“EpiPen”). I have reviewed and understand all documents associated with the City's Policy.

Print Name: _____

Signature: _____
Parent / Guardian

Date: _____