



2019-2020



**STUDENT/PARENT
HANDBOOK**

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A – SOAR 2019-2020 Registration Form

B – City of Galt Medication Waiver for SOAR Program

C – City of Galt Procedures for Requesting Emergency Treatment for Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-injector (“EpiPen”) Packet

SCHOOL'S OUT! ACADEMIC AND RECREATION (SOAR) PROGRAM

I. Purpose and Objectives

The SOAR Program provides students (first through sixth grades) supervised activities to bridge the time from when school ends until they are able to be picked up by their parent/guardian.

II. Contact Information

- Mondays through Thursdays 8 a.m. to 5:30 p.m.: Parks and Recreation Office (209) 366-7180
- Mondays through Thursday's after 5:30 p.m.: SOAR Mobile Contact (209) 649-0977
- Fridays: SOAR Mobile Contact (209) 649-0977

III. Tuition and Fees

- **Tuition: \$150.00 per 4 week month.**
Tuition is NOT pro-rated for time not used and there are no refunds or credits for unused hours.
- Tuition late fee: \$25.00
A \$25.00 late fee will be applied for each month that tuition is late (starting the 26th of each month).
- Late pick-up fee: \$5.00 every 15 minutes after 6:00pm
A \$5.00 late pick-up fee will be charged every 15 minutes a student remains on site after 6:00pm.
NOTE: Excessive late pick-ups may result in your child being removed from the program.

Payment is due in advance of services. Tuition and Fees are due by the 25th day of the month previous to allow the student's attendance in the program.

Child (ren) may not be able to attend the program until full payment of tuition and fees are received at the Galt Parks and Recreation office or online.

IV. Payment Options

The Parks and Recreation Department does not invoice parents/guardians. It is the responsibility of the parents/ guardians to ensure payment is received prior to the due dates.

- **In-Person**
At the Galt Parks & Recreation office located at 610 Chabolla Avenue. Office Hours are Mondays through Thursdays from 8:00 a.m. to 5:30 p.m.
NOTE: School sites and Recreation Workers MAY NOT accept any form of payment.
- **Drop Box**
Payments by check can be submitting using the drop box located outside the main entrance of the Parks and Recreation office. Checks should be made payable to the "City of Galt" and include the Child (ren)s name and school on the envelope. City staff checks the drop box daily and will mark payment received on the date payment is collected.
- **On-line**
Payments can be made on-line at: <https://apm.activecommunities.com/galt> .
NOTE: The first month's registration must be completed in the Parks and Recreation office to ensure all enrollment paperwork is properly completed. After the first month's payment, monthly payments can be completed on-line.

V. Program Hours

SOAR operates in conjunction with the Galt Elementary School District calendar. If school is not in session, SOAR is not offered.

- Mondays, Tuesdays, Thursdays, and Fridays: 2:30 p.m. to 6 p.m.
- Wednesdays and minimum days: 1p.m. to 6 p.m.

VI. Sample Program Structure and Sample Daily Schedule

Monday, Tuesday, Thursday, Friday

2:30 – 3:00	Check-in/Snack
3:00 – 4:00	Homework
4:00 – 4:45	Structured outside play/Arts & Crafts
4:45 – 5:30	Switch groups/organized sports or games
5:30 – 6:00	Clean-up to go home

Wednesday/ Minimum Day

1:00 – 1:15	Check-in
1:15 – 2:15	Homework
2:15 – 2:45	Snacks
2:45 – 3:15	Outside free play
3:15 – 4:00	Structured activities
4:00 – 4:30	Arts & Crafts
4:30 – 5:15	Structured activity
5:15 – 6:00	Group activity/Clean-up to go home

VII. Student Check-In and Out

Check-In

- Children must check in immediately following school dismissal, and can be picked up any time on or before 6:00 p.m.
- Children who have not checked in within 15 minutes of school being let out for the day, will not be allowed to check in to the SOAR Program
- It is the parent/guardian's responsibility to pick up their child (ren) from the School office.
- Children are not required to attend every day.

Check-Out

- A SOAR Employee is the only person who can help parents/guardians during checkout. Recreation Workers are not allowed to checkout students.
- Parents/guardians, and persons who have written permission on the Galt Written Permission to Check out Child Form from the parent/guardians, are the only individuals who can sign-out students.
- The Galt Written Permission to Check out Child Form must be on file at the Parks and Recreation office.
- Students may be checked out at any time.
- All students must be picked up no later than 6:00 p.m.
- Children may not walk or ride their bikes home from the program without a parent/guardian present.

Release of Children from SOAR: The following procedures will be followed when students are picked up from SOAR:

- Students will only be released to pre-approved adults designated on SOAR Registration Form.
- Students will not be released to adults without written authorization.
- Students will not be released to anyone suspected of being under the influence of drugs or alcohol.
- If there is any concern or question of the safety of a child at the time of release, staff will act in the best interest of the student, and may decline release.
- Adults picking up student(s) from camp who are unfamiliar to camp staff may be asked to present their photo ID.
- In the case of divorce, it is the responsibility of the custodial parents to notify Camp Soar of legal custody/guardianship status of their child. Camp Soar will not subvert the law and must have court documentation stating custody status.

VIII. Snacks

We serve children one meal/snack a day. Children are not forced to eat. If your child has any food allergies, dietary restrictions, or prefers different or additional food, please feel free to send a snack to school with your child.

***Please make sure the program instructor is aware of any special diet or allergies your child (ren) may have. Please see section XII Medications below.**

IX. Behavior Management

The SOAR program uses a positive approach when interacting with children. The following three behaviors summarize the normal behavioral expectations for our students:

Be Safe

- Keep hands, feet and objects to yourself
- Demonstrate good sportsmanship by using program equipment appropriately, stay on the playground area, and use sidewalks
- Keep inappropriate comments to yourself

Be Respectful

- Follow adults directions
- Be polite to adults and students
- Listen to what others have to say
- Wait your turn
- Leave other's work and belongings alone
- Try to understand the needs of others
- Be thoughtful of others opinions and beliefs
- Use appropriate language at all times

Be Responsible

- Follow program rules
- Complete your work
- Take care of program property
- Accept responsibility for your mistakes
- Wear appropriate clothing for program
- Deliver all program communication to parents

Inappropriate Physical Contact

Inappropriate physical contact is any contact that is not specifically allowed within the behavioral expectations of the school. Play-fighting, hands-on-others and rough play are all considered inappropriate physical contact as they often result in inappropriate physical contact and is often expressly prohibited by school rules.

Examples include:

- Any action perceived as “friendly”, “part of a game”, or as an accepted activity that approximates and/or imitates actions that are designed to cause injury or discomfort to others including hitting, kicking, shooting, whacking, and their attendant sound effects, etc., independent of whether or not actual physical contact take place.
- Grabbing, pushing, but not limited to: shoving, jumping, tripping, slapping or holding onto someone
- Rough play (physical contact during play that might reasonably be expected to increase risk of accidental injury or discomfort)
- Accidental and incidental contact with another due to breaking program or game rules
- Pulling on someone’s clothes or appendages
- Touching someone inappropriately
- Vandalism of someone else’s property

Teasing/Name-Calling/Obscene and Offensive Language

Teasing, name-calling, obscene and offensive language is no specifically allowed within the behavioral expectations of the school.

Examples include:

- Criticism and/or put downs about someone’s clothes, appearance, abilities, actions, friends, family, etc.
- Playing keep away with program property.
- Verbalizations or sounds that can reasonably be expected to cause irritation or discomfort for someone (e.g. repetitive noises continued after being asked to stop, oinking at someone, making bathroom sounds at someone, etc.)
- Using a derogatory term, referring to someone whether present or not
- Using obscene or offensive language or gestures in reference to another and/or some aspect of another (see teasing, name-calling) whether present or not. Some obscenities may be part of teasing and/or name-calling.

Discipline

When appropriate, a Program Disciplinary Action Form can be issued by Recreation workers, the Sports Coordinator or the Parks and Recreation Department Recreation Supervisor. When a student receives a Program Disciplinary Action Form for behavior he/she will have consequences such as detention, referral or suspension.

Students who obtain three Program Disciplinary Action Forms during the program will face possible dismissal from the program. Parents will be notified of each offense.

The student will serve the consequences on the same day the referral was issued. If the infraction happens toward the end of the day the student will serve the consequence on the following day.

If the consequence is a detention, during the detention time the student will be asked to copy or write a letter about making better choices. The letters are very general and will be grade-level appropriate. General themes: Understanding and Caring, Responsibility, Following Rules, Respect, Sharing, Working it Out,

etc.

More serious behavioral issues will be handled through a referral to the SOAR Program Supervisor and Recreation Supervisor. The student and their behavior should be brought to the attention of the SOAR Program Supervisor to discuss the problem. Parents and the SOAR Program Supervisor and/or Recreation Supervisor will meet to discuss the problem(s), issues or concerns. The consequence may result in dismissal from the program.

Some of the behaviors that may result in Recreation Workers or SOAR Program Supervisor referrals include, but are not limited to:

- Fighting, punching/touching someone else, trying to physically hurt someone, or threatening to fight or hurt someone
- Weapons: Bringing and/or having any weapon on school grounds. This includes any type of knives
- Profanity: Committing an obscene act and/or habitually using profanity and vulgarity
- Defiance: Disrupting school activities and/or refusing to follow adult direction
- Substance Abuse: Possession or use of tobacco, alcohol, or other drugs

Serious offenses and/or concerns may warrant involvement of the Galt Police Department and situations will be handled at their discretion.

X. General Rules

Playgrounds

- Walk on sidewalk and blacktop
- Hands-off policy: Keep your hands and feet to yourself

Personal Electronics

Students that choose to bring personal electronic devices (phones, iPads, Kindles, etc.) do so at their own risk. Students will be able to access their devices at various times throughout the day (ex: free times, quiet times). Devices cannot be used during structured activities that all students participate in.

Care of Rooms/Buildings

We are guests in the rooms we use. Papers, pencils and crayons must be picked up before leaving the room. Students are not allowed to disturb any of the contents of the desks or the teacher's materials.

XI. Transportation

This program does not offer transportation services.

XII. Medications

The City does not administer medication with the one exception of Epinephrine Auto-injectors (Epi-Pen). Trained SOAR staff may administer an Epinephrine Auto-injector (Epi-Pen) to prevent anaphylaxis to registered students in SOAR whose doctor and parents/guardians have properly completed and filed with the City the following forms:

1. Authorization for Emergency Care of Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-injector (Epi-Pen), Parts I and II.
2. Release and Waiver of Liability for Administering Emergency Treatment to Children with Allergies/Anaphylaxis Requiring Epinephrine Auto-Injector ("EpiPen").

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

If the child has a medically prescribed Epi-Pen, trained SOAR staff will:

- Use in accordance with the directions and as prescribed by a physician and in emergencies only. The Epi-Pen will only be used in the event of an allergic emergency as prescribed by a physician. The use of this device is for emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.
- Keep Epi-Pen ready for use at all times. It will be stored in the Emergency backpack/fanny pack. The backpack/fanny pack goes with the teacher/instructor during every transition in the program day and will be taken with the class in the event of an evacuation.
- Call 911 and the parents, or authorized representative immediately after administering an EpiPen.

The City assumes no responsibility for the self-administration of medication by students enrolled in the SOAR program. We encouraged parents/guardians to give medications to their children at home. However, if it is necessary for your child to receive medication while at SOAR the following will apply:

Prescription Medication

Students, who have been prescribed medication by a physician to be taken during the SOAR program hours, whether of limited or permanent duration, may self-administer their medication when the student is under the City's care, custody, or control.

In addition:

- A City of Galt Medication Waiver for SOAR Program must be completed by at least one parent/guardian and be on file with the City Parks & Recreation Department prior to the medication being sent with the student to the SOAR Program.
- Medication containers must have the original pharmacy label listing the child's name, physician's name, name of medicine, issue date, dosage, expiration date and directions for administration and storage.
- The container must be child resistant.
- The medication must be prescribed in the United States.

Non-prescription Medication

- Dosage instructions and reason for receiving medication must be from a physician and shall include a pharmacy label listing the child's name, physician's name, name of medicine, issue date, dosage, expiration date and directions for administration and storage.
- Physician's dosage must be in accordance with instructions on label.
- Medication must be in the original container which provides direction for safe use, expiration date, list of active ingredients, name and address of manufacturer and be labeled with the student's name and date.

Before your child may be enrolled in the SOAR program, you must read, understand, and agree to the following terms:

1. **Enrollment and Attendance:** I must complete and submit all enrollment forms provided by Galt Parks and Recreation prior to my child's attendance. All enrollments are on a space available basis. I understand that my child must be currently enrolled for the school year at the site I choose for SOAR. I understand that the child must be signed out of the program daily by a parent or adult designated on the child's registration form. Students must be checked in to the program no later than 2:45pm or 1:15pm (according to the time that school is let out each day) in order to attend the program on said day.
2. **Fees:** I agree to pay Galt Parks and Recreation's monthly fees for my child to participate in the SOAR Program. FEES are DUE BY THE 25th of the month prior. IF PAYMENT HAS NOT BEEN RECEIVED BY 25th of the month prior, a \$25 LATE FEE WILL BE CHARGED (as of the 26th of the month prior) AND YOUR CHILD/REN WILL NOT BE ABLE TO ATTEND THE PROGRAM UNTIL *FULL PAYMENT* HAS BEEN MADE AT THE PARKS AND RECREATION OFFICE. Since the Parks and Recreation Department does not invoice parents and/or guardians, it is the responsibility of such parents/guardians to make payment promptly when due. Fees are not pro-rated for time not used and there are no refunds or credits for unused hours.
Late Pick Up Fee: I understand that for every 15 minutes after 6:00pm, I will be charged an additional \$5. I also understand that repeated Late Pick Ups may result in my child being removed from the program.
4. **Illness:** My child will not be allowed to attend the SOAR program when ill. If my child becomes ill during attendance, I or my emergency designee will pick up my child within one (1) hour of notification by a SOAR Recreation Worker.
5. **Custody Issues:** It is the responsibility of the parent/guardian to notify the Parks & Recreation Department regarding **any** custody issues in writing and provide documentation.

6. **Behavior**

Our behavior rules are as follows:

Students may not conduct themselves in a manner that could physically or mentally endanger other students or staff.

- Threats and inappropriate language are not permitted.
- Students are expected to follow directions given by the Recreation Workers and support staff.

If your child does not adhere to these rules, staff will contact a parent. You may be required to pick him/her up from school within 30 minutes of contact. Certain behavioral issues will be dealt with on an individual basis. It may be determined with input by the recreation worker(s), Recreation Supervisor(s), and/or Parks and Recreation Director that it is in the best interest of the program to drop a child due to any type of aggression and/or certain behavioral issues that may endanger other students or staff. The SOAR Program reserves the right to drop a participant at any time for signs of aggression or discipline issues. Refunds will not be granted.

I have read, and fully understand and agree to abide by the terms of the Registration Agreement provided above, the terms of the Parent Handbook, and all other terms of the Program established by the Galt Parks and Recreation Department. In signing below, I am indicating my intent to have my child participate in the Galt Parks and Recreation's SOAR Program.

Signature of Parent/Guardian

Date

Child's Name

EMERGENCY INFORMATION

Child's Name: _____

1. Names of persons authorized to take the child from the facility (other than those who are listed on the front page of this packet).

NAME:	RELATIONSHIP:	PHONE:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Additional names/relationships/phone numbers of persons who may be called in emergency to pick up child:

3. Physician/Dentist to be called in Emergency (911 will be called when necessary)

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Local hospital preferred for emergency treatment: _____

If physician/dentist cannot be reached, what action should be taken? _____

4. Child's Medical Insurance: _____ Medical Insurance Number: _____

5. Allergies or medical limitations: _____

PERMISSION FOR MEDICAL TREATMENT:

The undersigned parent/guardian of _____ does hereby authorize Galt Parks and Recreation Department as its agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by a physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act, whether diagnosis or treatment is rendered at the office of said physician, the hospital or in the field.

It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgment may deem advisable. This authorization is given pursuant to Section 25.8 of the Civil Code of California.

The undersigned in consideration for agent accepting such responsibility shall pay upon demand all medical cost incurred as a result of agents authorization whether or not such cost are covered by medical insurance. This authorization should remain effective as long as my child is participating in the SOAR program, unless sooner revoked by written instrument delivered to agent prior to the exercise of the power and authority granted herein.

Signature of Parent/Guardian

Date



Attachment B
CITY OF GALT
MEDICATION WAIVER FOR SOAR PROGRAM

Student Name: _____

Address: _____

School: _____ Grade: _____

Parent/Guardian Phone: Home: _____ Work: _____

Cell: _____

Emergency Contact: Name _____ Phone No. _____

Students, who have been prescribed medication by a physician to be taken during the SOAR program hours, whether of limited or permanent duration, may self-administer their medication when the student is under the City's care, custody, or control.

The City, and its employees, will **NOT** administer medication, assist with the administration of medication, or monitor the self-administration of medication by the student. The City assumes **no responsibility** for the self-administration of medication by students enrolled in the SOAR program.

Before medication may be self-administered by a student, this waiver must be executed by at least one parent/legal guardian.

All medication in the possession of a student for self-medication must be in its original labeled form (i.e., in the original prescription bottle, sealed package, etc.) as received from the physician, pharmacist, or store.

PARENT/GUARDIAN WAIVER

I have read, understand, and agree to be bound by this Waiver. I am the parent or legal guardian of the student named above on this form. I and my student understand that the City and its employees will **NOT** administer medication, **NOT** assist with the administration of medication, and will **NOT** monitor the self-administration of medication by my student. I understand that the City will allow my student to self-administer medication listed below during SOAR program hours, as long as the medication is in its original labeled form (i.e., in the original prescription bottle, sealed package, etc.) as received from the physician, pharmacist, or store. The medication that my student may self-administer is the following:

Name of medication: _____

Description of medication (pill, tablet, color, etc.): _____

Prescription medication: YES _____ NO _____

Frequency / time of self-medication: _____

I understand and agree that the City assumes **no responsibility** for the self-administration of medication by my student. I represent that my student is fully capable of self-administering the medication identified above, without my assistance or supervision, or the assistance or supervision of any other person.

I assume full responsibility for my student relating to his/her conduct in self-administering medication, or failing to self-administer medication. Further I waive and release the City and/or its employees from any and all claims relating to my student self-administering medication, or failing to self-administer medication.

Date

Signature Parent/Guardian

Printed Name Parent/Guardian



Attachment C

CITY OF GALT PROCEDURES FOR REQUESTING EMERGENCY TREATMENT FOR CHILDREN WITH ALLERGIES/ANAPHYLAXIS REQUIRING EPINEPHRINE AUTO-INJECTOR (EpiPen)

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 program 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) are 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) are 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 (_____), 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: _____