



TOWN OF MORAGA

Medical Consent Form for Children with Severe Allergies/Life Threatening Medical Condition

Child's Name _____ DATE OF BIRTH _____ PROGRAM / CLASS _____

Medical Condition: _____

Asthmatic: Yes No

Allergies [NOTE SEVERITY, FOOD RESTRICTIONS ETC]

Allergic Reactions, Signs or Symptoms to Look For:

Medications: Kept at Site Brought Daily in Child's Back Pack

Name of Medication: _____ **Form:** (liquid, pill etc) _____

All medications, prescription and over the counter, must be provided to Moraga Parks and Recreation 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 INSTRUCTION section.
If the additional instructions are required, please attach another sheet.

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

For example: 1. Administer Epi-Pen 2. Administer 2 teaspoons of liquid Benadryl
3. Call 911 4. Call Parents at _____.

1. _____
2. _____
3. _____
4. _____

AUTHORIZATION, WAIVER AND RELEASE

I authorize any Town of Moraga employee to perform emergency procedures, including assisting with the administration of epi-pens, injections or 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 that my child may experience.

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Town of Moraga - Recreation Department
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TOWN OF MORAGA

AUTHORIZATION, WAIVER AND RELEASE - continued

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 medication, failing to observe side effects, failing to assess and recognize an 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 Town of Moraga employees or staff to assist in the administration of medication on my behalf or allow my child to self-administer (if permitted by my child's physician) 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 the Epi-Pen or other 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 Town of Moraga, 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 Town of Moraga, its officials, officers, employees, agents and 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 medication to my child.

I also give my permission to the Town of Moraga 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.

Signature of Parent/Guardian: _____ **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.