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## Summer Camp 2022 Required Paperwork Checklist

Items below need to be completed and all forms are available at

<https://www.mcgawymca.org/childrens-center/school-age/day-camps/>

Please return all items by **April 30<sup>th</sup>** to keep your child's registration in good standing.

- ☐ Emergency Consent and Release (*must have at least 2 emergency contacts outside of the home*)
- ☐ Photo Release
- ☐ COVID-19 Waiver
- ☐ Developmental History
- ☐ Camp Handbook Acknowledgement (*Policy Handbook available at front desk or online*)
- ☐ Late Pick-Up Policy
- ☐ DFI Title XX Camping Services (*Optional but recommended if applicable for free or reduced lunch*)
- ☐ COVID Survey Acknowledgement (*Optional but recommended for Health and Safety purposes*)
- ☐ Food Allergy Action Plan (*if your child has an allergy that requires medicine*)
- ☐ Email/Text Communication form

Summer Day Camp is a license exempt program, the facility and program is not licensed or regulated by DCFS. Each child's files must be complete before the child may attend camp. Thank you for your cooperation.

We will be offering paperwork check-ins to ensure this process is an easy one. We'll have all the forms available and the files ready to be re-signed. Just a reminder that all of our camp paperwork is also available online at the McGaw YMCA Children's Center website.

**For your convenience, we are offering the following paperwork check-in times:**

**Tuesday, March 29th from 8:00am-9:15am**

**Wednesday, April 6th from 3:30 pm-5:30 pm**

**Monday, April 11th from 4:30 pm-6:00 pm**

**Monday, April 18th from 4:30 pm-6:00 pm**



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## McGAW YMCA CHILDREN'S CENTER EMERGENCY CONTACTS, CONSENT AND RELEASE FORM

### PERSONAL INFORMATION

Child's Classroom \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_

What is the primary language spoken at home? Are there any additional languages spoken?

In an emergency call first: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian #1 (Relationship to Child):	Parent/Guardian #2 (Relationship to Child):
Name:	Name:
Employer:	Employer:
Dept/Position:	Dept/Position:
Work Phone:	Work Phone:
School: Hours:	School: Hours:
Cell Phone:	Cell Phone:
Email:	Email:

Other Family Members: \_\_\_\_\_

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center? Please Note: The Children's Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center. ☐ YES ☐ NO

Health care/ Insurance child is under \_\_\_\_\_

Policy Holder Name \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_



## EMERGENCY CONTACTS, CONSENT & RELEASE

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

**Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):**

Name

Relationship

Phone #

\_\_\_\_\_

\_\_\_\_\_

**You must completely fill out at least TWO Emergency Contacts and Authorized Pick Ups who do not live in your household. Anyone listed must have complete contact information.**

### Required Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

### Additional Contacts

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



### MEDICAL CONSENT

I, the parent/legal guardian of \_\_\_\_\_ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician's written instructions or instructions on packaging. The McGaw YMCA Child Care Center has my permission to apply any topical ointment, such as diaper ointment, sunscreen, lip balm, lotion, insect repellent, etc.

Parent/Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONSENT FORMS: Initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

\_\_\_\_ I authorize the McGaw YMCA Children's Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA. I am responsible for communicating with the McGaw YMCA Children's Center before the designated time if my child will not attend that day.

\_\_\_\_ I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

\_\_\_\_ I have read the Parent Handbook and agree to abide by the policies and regulations therein including the Guidance and Discipline policies. The Parent Handbook is located online and in your child's classroom.

\_\_\_\_ I authorize the McGaw YMCA Children's Center to send electronic information through the email and cell phone provided.

Parent/Legal Guardian

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

### Signature lines provided below are designated for annual reviews of this form.

I have reviewed the information on this form and verify all information is still accurate:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Updated Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Updated Date



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## School Age Developmental History

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. Staff that will be working directly with your child will be reviewing this information.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade in the Fall \_\_\_\_\_ School in the Fall \_\_\_\_\_

Child resides with: ☐ Both parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Family members in household: \_\_\_\_\_

My child identifies as (optional):

☐ Male

☐ Female

☐ Other

### **Child's Development and Personality**

What are your child's favorite activities?

Please describe your child's temperament, personality, needs, abilities, etc.

What are your child's strengths and challenges?

How does your child handle transitions from one activity/place to another? What have you found that works to ease these transitions?

Describe your child's ability to create and sustain relationships with adults and children.

How does your child show emotions of anger, being scared, tense, or uncomfortable? How do you comfort him/her in these instances?

In general, how do you handle discipline?

Do you have any suggestions for our staff, which may help your child be successful?

Are there any home factors that might help us better support your child?

Consider changes such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

## Medical History

Does your child have Asthma or another chronic condition? ☐ Yes ☐ No If YES, please explain and give any pertinent information.

Does he/she have any allergies or sensitivities? ☐ Yes ☐ No If YES, please explain and give any pertinent information

Does your child have any food allergies? ☐ Yes ☐ No If exposed, what does the reaction look like?

Does your child take any medications regularly? ☐ Yes ☐ No

If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

Does your child wear any appliances? (glasses, contacts, mouth guard, etc.)

Does your child have fair skin or burn easily? Please include any special notes regarding sunscreen/bug spray application.

## Experiences

What water or swimming experiences does your child have? For example: beach, pool, lake, water park

Please check your child's swimming ability:

- ☐ NON-SWIMMER (my child cannot swim)
- ☐ SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ☐ ADVANCED SWIMMER (my child is a proficient swimmer)

How comfortable is your child in the water?

What do you want your child to gain from his or her experience in the School Age program?

*Please circle all that apply*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Make new friends           | <input type="checkbox"/> A structured homework time  | <input type="checkbox"/> Learn new skills                              |
| <input type="checkbox"/> Gain a sense of belonging  | <input type="checkbox"/> Experience new things   | <input type="checkbox"/> Learn to swim                                 |
| <input type="checkbox"/> Higher self-esteem         | <input type="checkbox"/> Become more outgoing  | <input type="checkbox"/> Have a lot of fun                             |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Learn to get along better with other children |
| <input type="checkbox"/> Good adult role models     |  | <input type="checkbox"/> Other_____                                    |
| <input type="checkbox"/> Become less shy            |  |  |

If you have any other information that you would like to share with us about your child, please feel free to use this space or attach additional documents.

I have reviewed the information on this form and verify all information is accurate:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Updated Date



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## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

I am the Mother/Father/Legal Guardian of (\_\_\_\_\_).

For the consideration contained herein, I hereby CONSENT to the foregoing on behalf of my minor child.

For the consideration contained herein, I hereby DO NOT consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# ADULT PARTICIPANT WAIVER, RELEASE AND ACKNOWLEDGEMENT

## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. McGaw YMCA has put in place preventative measures to reduce the spread of COVID-19; however, **McGaw YMCA cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

### **READ CAREFULLY BEFORE SIGNING**

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at McGaw YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, McGaw's employees, volunteers, and program participants and their families.

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at McGaw YMCA.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless McGaw YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of McGaw YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at McGaw YMCA.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so in the state where McGaw YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**



**I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

If I have signed a separate general waiver of liability connected to my participation at McGaw YMCA I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

Signature\_\_\_\_\_Print Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_

Zip \_\_\_\_\_Telephone (\_\_\_\_\_)\_\_\_\_\_Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_(PRINT minor's names)  
being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian\_\_\_\_\_Print Name\_\_\_\_\_Date\_\_\_\_\_



## Late Pick-up Policy

Parents of participants enrolled in **Children's Center Programs** will be charged **\$1.00 per minute / family** based on the **program pick-up times** listed below:

- **Full Day, School's Out, School's Out Foster, Summer Day Camp – 6:00pm**
- **Summer Learning Program – 6:00pm**
- If you know you are going to be late please notify the center so we can let your child and the teachers know. **Late fee will still be charged.**
- If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.
- If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.
- **Late fees must be paid within 5 business days of the late pick up date.**
- Failure to pay late pick-up fees can be cause for the child's suspension or termination from the program.
- Continued disregard for the pick-up times can result in suspension or termination from the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher/administrator until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child(ren)'s Name(s): \_\_\_\_\_

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

Update Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Update Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **McGaw YMCA Children's Center**

### **Parent Signature Page**

I have received and read the 2022 McGaw YMCA Children's Center Summer Day Camp Parent Handbook and agree to the policies and procedures set forth within. \*\*You can find the electronic version of the Camp Handbook on our website at <https://www.mcgawymca.org/childrens-center/school-age/day-camps/>

Child's name (please print) \_\_\_\_\_

Parent's name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return with camp enrollment paperwork prior to the start of camp.



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## **McGaw YMCA Children's Center Proof of COVID Vaccination Upload**

<https://www.surveymonkey.com/r/uploadvaccinecard>

Copy and paste, or click, the link above to your browser.

Please complete the questions and upload your child's vaccine card only after your child has taken their final COVID vaccine dose.

The vaccine upload agreements are as followed:

- You consent to share your child's COVID vaccine information with the YMCA.
- You understand that this information will be added to your child's current medical information on file with the McGaw YMCA policies and procedures. You also understand that this information may be shared with the Evanston Health Department if your child is deemed a close contact to a positive COVID case in order to determine guidance for next steps.
- You certify that the information is true and correct.

Please contact the Children's Center at 847.475.8580 if you have any questions or concerns.

# CAMPER REGISTRATION FORM SUMMER 2022

Illinois Department of Human Services through American Camp Association, Illinois  
"Funding provided in part by the Illinois Department of Human Services"

Camp Agency Name: \_\_\_\_\_ Teen Reach Agency: \_\_\_\_\_

Name of Camp: \_\_\_\_\_ Session Dates: \_\_\_\_\_

## Camper Information (to be completed by guardian)

**\*Camp Participants who receive funding from the ILLINOIS DEPARTMENT OF HUMAN SERVICES DFI TITLE XX CAMPING SERVICES through the American Camp Association, Illinois must be residents of the state of Illinois.**

**CAMPERS** - I am requesting DFI Title XX Camping Services for the following camper(s): I understand that I MAY NOT register these same campers for more than one camp in the same season (Summer, Fall, Winter, Spring)

A Potential camper must reside in Illinois and indicate they are receiving **any ONE of the following**: Temporary Assistance for Needy Families (TANF) **or** Supplemental Nutrition Assistance Program (SNAP) (previously known as Food Stamps) **or** Medical Services. **Identification Numbers** (Case or Individual Client ID#) **are NOT NEEDED.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Birthdate (mm/dd/yyyy): \_\_\_\_\_ Age as of JUNE 1, 2021: \_\_\_\_\_ Grade in September: \_\_\_\_\_

### **Camper's Race/Ethnicity:**

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino(a)
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other: \_\_\_\_\_

### **Camper's Primary Spoken Language:**

- ☐ English
- ☐ Spanish
- ☐ Other: \_\_\_\_\_

**Camper's Gender:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTAL CERTIFICATION AND AUTHORIZATION** - I certify that to the best of my knowledge and belief, the information provided is true, correct and complete. I understand that the information will be disclosed only for purposes of administration of services, and that IDHS may verify the information I have provided. I understand that I have the right to appeal any adverse action and to have a fair hearing of grievance. I request camping services for the person(s) named as camper(s) above and give my permission for them to receive medical treatment, including surgery, in case I cannot be reached. I HEREBY GIVE PERMISSION FOR THE PERSON(S) NAMED AS CAMPER(S) ABOVE TO PARTICIPATE IN THE CAMPING PROGRAM AT CAMP(S) NAMED ABOVE AND AGREE TO HOLD FREE from any and all liability the Illinois Department of Human Services, the American Camp Association, Illinois and the Private Agencies and Camps, or any of their Officers, Employees and Members, and waive all claims for damages or recompense for any accident, injury or disability to the person or property of the aforementioned camper(s) arising out of or connected with his/her participation in any of the activities of the Camping Program.

\_\_\_\_\_  
Signature of Client/Parent

\_\_\_\_\_  
Date

## Camp Representative Confirmation and Certification (to be completed by camp)

I have asked and received a qualifying answer from parent/guardian concerning the camper eligibility of the camper(s).

\_\_\_\_\_  
Signature of Camp Representative

\_\_\_\_\_  
Date

# Food Allergy Action Plan

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Place  
Student's  
Picture  
Here

Extremely reactive to the following foods: \_\_\_\_\_

## THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.  
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

#### One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

#### Or **combination** of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, crampy pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications: \*
  - Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth  
SKIN: A few hives around mouth/face, mild itch  
GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

## Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

## Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

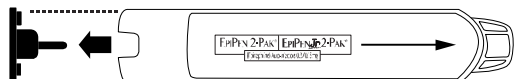
Date \_\_\_\_\_

TURN FORM OVER

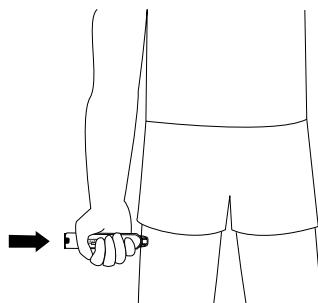
Form provided courtesy of FAAN ([www.foodallergy.org](http://www.foodallergy.org)) 7/2010

## EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

## Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



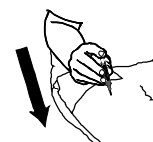
**SECOND DOSE ADMINISTRATION:**  
If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

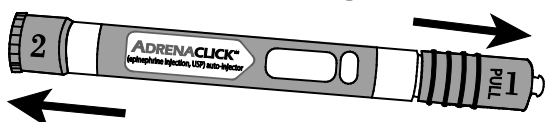


Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



## Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

## Contacts

Call 911 (Rescue squad: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_) Doctor: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

## Other Emergency Contacts

Name/Relationship: \_\_\_\_\_  
Name/Relationship: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## TEXT & EMAIL COMMUNICATION

### Summer 2022

We will do our best to provide you and your family up to date and accurate communications through our text & email distribution systems. In order to provide this information please make sure that we have your accurate email in our system. The contact information you provide will also be used by administration to get in touch with you if necessary.

PLEASE PRINT CLEARLY:

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell/Text: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell/Text: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Please EMAIL communications to:

- ☐ Parent #1  
☐ Parent #2

Please TEXT communications to:

- ☐ Parent #1  
☐ Parent #2

The MAIN CONTACT in our computer system for my family should be:

- ☐ Parent #1  
☐ Parent #2

Please make sure to keep all of your information accurate with the Site Coordinator.