



AFTER SCHOOL CLUB PROGRAM SEVERE ALLERGY MEDICATION POLICY

GUIDELINES

The City of Torrance Community Services Department has established the following guidelines for dealing with participants with severe allergies. A severe allergy is defined as an allergy that would pose a life threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time than it would take for the paramedics to arrive.

PARENT(S)/GUARDIAN(S) MUST COMPLETE AND PROVIDE THE FOLLOWING:

- A signed copy of the “Emergency Care Authorization Form” (Authorization Form). This form must be filled out completely by the child’s physician and parent(s)/guardian(s) and must be updated every semester or more frequently if necessary. The Authorization Form is designed to provide the City of Torrance Community Services Department with information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction.
- A signed copy of the “Emergency Care Release and Waiver of Liability Form” (Waiver). The waiver releases the City of Torrance Community Services Department and its employees from liability for administering treatment to children with severe allergies and taking any other necessary actions set forth in the Authorization Form, provided that the Department and its employees exercise reasonable care in taking such actions.
- All equipment and medications needed by the City of Torrance Community Services Department 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 and replaced prior to the expiration date.
- The medication must have the original prescription label complete with the pupil’s name, doctor’s instructions and dosage. If it is necessary for the child to carry the medication at all times; the doctor needs to specify this on the form.

PROCEDURES FOR EMERGENCY TREATMENT:

- Prior to the child’s first day of attendance, the parent(s)/guardian(s) or their designee(s) are responsible for training selected members of the staff. The training should include information on the following: a) The events/substances that may trigger an allergic reaction; b) With respect to food allergies, limitations on the child’s food consumption; c) Symptoms of an allergic reaction; d) When and how to administer treatment for an allergic reaction.
- Four (4) members of the Community Services Department staff shall attend the training provided by the parent(s)/guardian(s)/designee(s). They are the Program Supervisors, Specialist and Senior Recreation Leader. Upon completion of the training, the staff shall complete and sign the “Staff Emergency Treatment Training Form.”

- Training shall be repeated every semester, or when the on-site specialist staff has turned over, whichever comes first.
- At least one trained staff member shall be present at all times the child is present at the program, and trained staff shall accompany the child on field trips.
- Warning signs alerting staff of the child's particular allergy shall be posted in the staff log book.

STEPS FOR TREATING AN ALLERGIC REACTION:

All allergic reactions should be treated in accordance with the instructions provided by the child's physician on the Health Form. If the child shows signs and symptoms of an allergic reaction, the following steps must be taken:

- A designated staff member calls 911, unless stated otherwise on the Health Form, and the parent(s)/guardian(s).
- A trained staff member administers medication as instructed on the Health Form. Unless otherwise indicated on the Health Form, these medications should be administered immediately.
- If epinephrine is prescribed, staff may give only pre-measured doses of epinephrine (such as contained in the EpiPen, Jr.).

STORAGE

- All medications will be locked up in a location determined by the site Specialist.

AS:mm: Afterschool /2011/ memo - severe allergy medication policy



PARTICIPANT HEALTH FORM

PART I: TO BE COMPLETED BY LICENSED PHYSICIAN

Child's Last Name

Child's First Name

Allergens:

_____ Insect Bite(s): (identify)

_____ Animal Fur (identify)

_____ Food Allergy: (identify)

_____ Other: (identify)

Symptoms:

_____ Shortness of breath or difficulty in breathing

_____ Hives

_____ Swelling of the face or lips

_____ Vomiting

_____ Other: (explain)

_____ Diarrhea

_____ Do not administer medication in the absence of known exposure to allergen.

Explain: _____

Procedures

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

_____ Administer Medication (specify)

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

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

_____ Other

Explain:

Name of medication(s):

Diagnosis/purpose of medication(s):

Dosage prescribed:

Time schedule

Dosage form (tablet, liquid, etc.)

Date of prescription(s): _____

Precise method of administering the medication

Length of time medication will be necessary:

Possible side effects:

Action to be taken in case of side effects:

Storage instructions:

Special instructions:

I verify that this student is under my care and requires this medication.

Physician's Printed Name

Physician's Signature

Date

Phone Number

Street Address

City

State

Zip Code

Part II: TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

| | | |
|-------------------------|---------------|--------------------------|
| _____ | | _____ |
| Participant's Last Name | | Participant's First Name |
| _____ | _____ | _____ |
| Gender | Date of Birth | School/Program |

The above named participant is required to take medication prescribed by a licensed physician during the After School Club Program. I request that designated City of Torrance Community Services Department personnel administer medication to my child in accordance with the instructions provided by the physician.

By signing this form, I/we authorize The City of Torrance Community Services Department to follow the above instructions in the Authorization Form. I/we agree to update this form every semester or sooner if my/our child's needs change.

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Emergency Contact Number: _____

| | |
|---------------------------|-------|
| _____ | _____ |
| Parent/Guardian Signature | Date |

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Emergency Contact Number: _____

| | |
|---------------------------|-------|
| _____ | _____ |
| Parent/Guardian Signature | Date |

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES**

I/we _____ (Parent(s)/Guardian(s) hereby on
this _____ day of _____, 20_____, release The City of
Torrance Community Department and all their Agents and Employees from any and all
liability arising in law or equity as a result of The City of Torrance Community Services
Department's employees administering emergency treatment related to a severe allergic
reaction, providing that The City of Torrance Community Services Department has used
reasonable care in providing care in accordance with the procedures outlined in the
Authorization Form.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

AS:mm: camp/2011/ severe medication policy

**EMERGENCY ALLERGY TREATMENT
TRAINING ACKNOWLEDGMENT**

I, have been trained by
Staff Name

_____to administer emergency
Parent(s)/Guardian(s)/Designee(s) Name

medical treatment related to a severe allergic reaction to _____
Child's Name

In the event the child has been exposed to _____
and is at risk of anaphylactic reaction, or if the child exhibits the symptoms described
in the "Emergency Care Authorization Form" which is attached to and made a part
of this Acknowledgment.

Staff Signature

Date of Training

Parent(s)/Guardian(s)/Designee(s) Signature

Date of Training

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**ACKNOWLEDGMENT OF RECEIPT OF
SEVERE ALLERGY MEDICATION POLICY**

I acknowledge that I have received a copy of the City of Torrance Community Services Department's Severe Allergy Medication Policy.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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