



# **CITY OF MAPLE VALLEY**

## **SUPPLEMENTAL MEDICAL PACKET**

**SEVERE ALLERGY & MEDICATION FORMS**

**CAMP WILD**

**SUMMER DAY CAMP**



**CITY OF MAPLE VALLEY  
DAY CAMP PROGRAM**



**Introduction**

**MEDICATION & SEVERE ALLERGY GUIDLINES**

The City of Maple Valley 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 Fire department or Paramedics to arrive.

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

1. A signed copy of the **Medical Information and Waiver Form**. Page 3 of the registration form
2. A signed copy of the **“Emergency Care Authorization Form”**, see part 1. This form must be filled out completely by the child’s physician and parent(s)/guardian(s), and must be updated every year or more frequently if necessary This form is designed to provide the City of Maple Valley day camp staff with information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction
3. All equipment and medications needed by the City of Maple Valley to comply with the instructions as set forth in the enclosed 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
4. All medication must have the original prescription label complete with the:
  - a. Camper’s name
  - b. Doctor’s contact
  - c. Detailed Instructions
  - d. Dosage
  - e. If it is necessary for the child to carry the medication at all times; the doctor needs to specify this on the form



## Introduction continued



### STAFF EMERGENCY TREATMENT TRAINING:

At least 3 Business days prior to the child's first day of attendance at camp, the parent(s)/guardian(s) or their designee(s) are responsible for contacting and training the Camp Manager or their designee(s) or 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
1. Two (2) members of the Maple Valley Parks & Recreation camp staff shall attend the training provided by the parent(s)/guardian(s)/designee(s). Upon completion of the training, the staff shall complete and sign the "Staff Emergency Treatment Training Form"
  2. Training shall be repeated every year, or if the on-site staff has turned over, whichever comes first
  3. 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
  4. Warnings alerting staff of the child's particular allergy shall be recorded using the provided forms during the registration process and printed on the daily attendance roster

**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 EMERGENCY CARE AUTHORIZATION FORM. If the child shows signs and symptoms of an allergic reaction, the following steps must be taken:

1. A trained staff member administers medication as instructed on the EMERGENCY CARE AUTHORIZATION FORM. Unless otherwise indicated on the form, these medications should be administered immediately
2. A designated staff member calls 911, unless stated otherwise on the EMERGENCY CARE AUTHORIZATION FORM, and the parent(s)/guardian(s)
3. If epinephrine is prescribed, the trained staff and camper will together give the pre-measured doses of epinephrine (such as contained in the Epi-Pen, Jr.)

**MEDICATION STORAGE:** All medications will be locked up in a location determined by the Camp Manager. Refrigeration is available.



### SPECIAL NEEDS:

A Parent/Guardian **must** notify the Maple Valley Parks & Recreation Department of any special requirements or physical limitations of their child at the time of registration. In some cases, a doctor's approval may be required. Enrollment may be denied if after consultation; the Camp Manager or Recreation Manager assesses that the needs of the child exceed the abilities of the staff to provide within reasonable accommodation, unless the parent/guardian or their assigned adult agent can provide the necessary accommodation. Any child with special needs must contact Mark Ratcliffe, Recreation Manager a minimum of 7 days prior to registering [mark.ratcliffe@maplevalleywa.gov](mailto:mark.ratcliffe@maplevalleywa.gov). Note: The camp staff to camper ratio is one staff for every ten (10) campers. Some special needs campers may be required to provide an attendant or the parent/guardian may stay with the child.

In extreme cases the City of Maple Valley's Camp Wild will be unable to provide the proper environments and/or conditions to permit enrollment.

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**Part I.**

**MEDICATION & SEVERE ALLERGY**

EMERGENCY CARE AUTHORIZATION FORM  
**TO BE COMPLETED BY LICENSED PHYSICIAN**  
PARTICIPANT HEALTH FORM

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

\_\_\_\_\_ Child's Last Name      \_\_\_\_\_ Child's First Name      \_\_\_\_\_ Age

**Medical Issues:**

Medical/Behavior Issues \_\_\_\_\_

Required Medication(s) \_\_\_\_\_

Other Medical: \_\_\_\_\_

**DETAILS:** \_\_\_\_\_

**Allergens:**

\_\_\_\_\_ Insect Bite(s): (identify)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Animal Fur: (identify)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Food Allergy: (identify)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other: (identify)  
\_\_\_\_\_  
\_\_\_\_\_

**Symptoms:**

\_\_\_\_\_ Shortness of breath or difficulty in breathing

\_\_\_\_\_ Swelling of the face or lips

\_\_\_\_\_ Other: (explain)

\_\_\_\_\_ Hives

\_\_\_\_\_ Vomiting

\_\_\_\_\_ Diarrhea

\_\_\_\_\_  
\_\_\_\_\_

**Part I. Continued.**



**Procedures:**

Do not administer medication in the absence of known exposure to allergen. (explain):

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

\_\_\_\_\_ Administer Medication (specify)

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

\_\_\_\_\_ Call parent(s)/guardian(s)

\_\_\_\_\_ Child's physician

\_\_\_\_\_ Other (explain):

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Name of medication(s):

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Diagnosis/purpose of medication(s):

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Dosage prescribed:

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Time schedule:

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Dosage form: (Tablet, Liquid, etc.)

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Date of prescription: \_\_\_\_\_

Precise method of administering the medication:

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Length of time medication will be necessary:

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**Part I. Continued.**

Possible side effects:

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Action to be taken in case of side effects:

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Storage/transferring instructions:

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Special instructions:

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Parent(s)/Guardian(s) \_\_\_\_\_

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Date



I verify that this day camp participant is under my care and requires this medication.

\_\_\_\_\_  
Print Doctor's Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone

Doctor's Signature \_\_\_\_\_

\_\_\_\_\_  
Date



**CITY OF MAPLE VALLEY  
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**Part II.**

MEDICATION RELEASE AND WAIVER  
**(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))**

Participant Last Name	Participant First Name	
Sex	Age	Date of Birth

The above named participant is required to take medication prescribed by a licensed physician during the Day Camp Program. I request that designated City of Maple Valley personnel to supervise the administration of medication to my child in accordance with the instructions provided by the physician as listed in Part 1.

By signing this form, I/We authorize City of Maple Valley staff to follow the instructions as stated in this packet. I/We agree to update this form as my/our child's needs change.

Name: \_\_\_\_\_  
#1 Parent(s)/Guardian(s)

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

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

Home Telephone Number: \_\_\_\_\_

Cell or Emergency Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_  
#2 Parent(s)/Guardian(s)

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

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

Telephone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent(s)/Guardian(s) Date:

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Part III.

**SEVERE ALLERGY MEDICATION GUIDLINES**

RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING  
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES  
**(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))**

I/We the Parent(s)/Guardian(s) hereby on this release the City of Maple Valley and all their Agents and Employees from any and all liability arising in law or equity as a result of employees administering emergency treatment related to a severe allergic reaction, providing that the City of Maple Valley has used reasonable care in providing care in accordance with the procedures outlined in the EMERGENCY CARE AUTHORIZATION FORM

**Waiver Allowing Participant to Carry Epi-pen/Asthma Inhaler**

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-Pen and /or asthma inhaler be kept on his/her person while participating in a Maple Valley Parks & Recreation Department activity. In addition a completed Supplemental Medical Form must be completed.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition,

I, \_\_\_\_\_ (parent/guardian), hereby request that \_\_\_\_\_ (camper) be allowed to keep an Epi-pen or asthma inhaler on his/her person while participating in all Camp Wild recreation activities. I understand that to qualify for this exemption, this child must be capable of safely storing the necessary device on his/her person (fanny pack or pocket) and must be capable of using the device appropriately without assistance from Camp Wild staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
#1 Parent(s)/Guardian(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
#2 Parent(s)/Guardian(s)





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**Part IV.**

**SEVERE ALLERGY MEDICATION GUIDLINES**

**EMERGENCY ALLERGY TREATMENT TRAINING ACKNOWLEDGMENT  
TO BE COMPLETED BY CITY CAMP STAFF**

I, \_\_\_\_\_ & \_\_\_\_\_,  
(Staff Name) (Staff Name)

have been trained by \_\_\_\_\_ to administer emergency  
(Parent(s)/Guardian(s)/Designee(s))

medical related to a severe allergic reaction to \_\_\_\_\_,  
(Camper's Name)

In the event the child has been exposed and is at risk of anaphylactic reaction or if they exhibit the symptoms described in the "Emergency Care Authorization Form I have been trained to and will administer emergency medical treatment.

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Signature)

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff Signature)

I have met with and trained the above authorized camp staff to administer emergency medical treatment to my son or daughter.

Signature: \_\_\_\_\_ Date of Training \_\_\_\_\_  
(Parent(s)/Guardian(s))



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**Part V.**

**SEVERE ALLERGY MEDICATION GUIDLINES**

**ACKNOWLEDGMENT OF RECEIPT OF SEVERE ALLERGY MEDICATION GUIDLINES  
(TO BE COMPLETED BY PARENT(S)/GUARDIAN(S))**

I (we) acknowledge receipt of this City of Maple Valley's Severe Allergy Medication Guidelines.

Print Name: \_\_\_\_\_  
#1 Parent(s)/Guardian(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s)

Print Name: \_\_\_\_\_  
#2 Parent(s)/Guardian(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s)

