



**CITY OF SAN RAMON  
PARENTAL CONSENT AND DIRECTIONS TO STAFF  
FOR THE SELF-ADMINISTRATION OF MEDICINES**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Program \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Asthmatic: \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies – PLEASE NOTE SEVERITY, FOOD RESTRICTIONS, ETC.  
\_\_\_\_\_

Allergic Reactions, Signs or Symptoms to Look for: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_ Kept at Site (until the end of the program) \_\_\_\_\_ 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 the San Ramon Parks and Community Services Department staff in their original packaging, with your child's full name written on the container. (Over the Counter medications must have a signed doctor's note in order for it to be retained by staff) Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage and frequency (when and how often) must be completed below in the INSTRUCTION section. If 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 our child's physician or health care provider. By providing these instructions, you are consenting to staff's ASSISTANCE with medical treatment of your child. \* Please note that staff will call Emergency Assistance (911) when an Epi-Pen is administered with staff assistance. 911 must be called due to the fact that an Epi-Pen is reserved for serious allergic reactions and the beneficial effects of the Epi-Pen may be limited. The allergic reaction may reoccur as the effects of the Epi-Pen wears off.**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **AUTHORIZATION, WAIVER AND RELEASE**

I authorize City of San Ramon employees 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, injury that my child may experience. \*This information will be uploaded to the PCS Department's registration data base but will only be accessible to appropriate program staff.

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 the City of San Ramon 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 City of San Ramon, 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 also give my permission to the City of San Ramon 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 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 the Therapeutic Recreation 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. \*Medications may be safely disposed at the Dougherty Valley Police Sub-Station.