

Arlington Recreation Participant Forms

The following forms should be completed for each program participant (siblings should have separate forms).

Forms only need to be completed **ONCE** if the participant is returning to the same program for additional weeks. If the participant is attending a **DIFFERENT** program, new forms should be submitted the first time they attend.

Forms #1 - #3 are **REQUIRED** for all participants. Forms #4-#6 should be completed for all participants who need medication or have allergies or other special medical conditions. (Please note: A doctor's signature is required on Form #4.)

Forms should be completed and turned in the first day of the program.



STATEMENT OF UNDERSTANDING/ACKNOWLEDGEMENT/PERMISSION FORM

My child, _____, will be attending an Arlington Recreation program during the summer of 2022. By signing below, in addition to the online disclaimer/release (outlined below), I acknowledge the disclaimers, policies, procedures, permissions, etc. that are outlined below:

Acknowledgements

- I acknowledge that at upon registration for this program through Arlington Recreation’s online registration system, MyRec, I agreed to the required following disclaimer and release statement that is outline below:
 - I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the town/city of Arlington, its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Arlington Recreation. *I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child’s photo, video, artwork etc. by the dept for flyers, presentations etc.*
- I acknowledge that I must complete, in its entirety, all the required paperwork/forms outlined below in order for my child to attend the program. I understand that my child will not be able to attend any program sessions if these requirements are not completed. I acknowledge that if my child has an EpiPen, they are required to bring it to the program and will not be allowed to participant if the EpiPen is not provided/present daily. Required forms include:
 - Certificate of Current Immunizations (To be provided or filled out by your child’s doctor)
 - Emergency Information Form
 - Pick Up Plan/Individuals Authorized for Pick Up Form
 - Statement of Understanding/Acknowledgment/Permission Form (This Form)
 - Medication Consent Form (If applicable)
 - Food Allergy & Anaphylaxis Emergency Care Plan (If applicable) ♣
- I acknowledge that I have read/reviewed the specific program policies. I understand that all policies/procedures outlined by Arlington Recreation must be followed at all times. This includes all the minimum health and safety requirements for recreational youth programs specifically related to COVID-19.

Permissions/Consent

- I give consent to Arlington Recreation to use photographs and videos of my child for publication and advertising purposes. If you do not give consent for your child to appear photographs and videos for publication and advertising purposes, please send this in writing to mjcurran@town.arlington.ma.us

Parent/Guardian Signature: _____ **Date:** _____

ALL FORMS OUTLINED ABOVE AND SIGNATURE OF ACKNOWLEDGEMENT ARE REQUIRED TO ATTEND PROGRAM.

All required forms should be sent via email to mjcurran@town.arlington.ma.us or dropped off the Arlington Recreation Office. The Arlington Recreation office is located at 422 Summer Street and open M-F from 8:00am-4:00pm. All forms are DUE (7) days prior to the start date of the first program section that each participant is a attending during the summer of 2022.

If you have any questions, please contact Arlington Recreation Department at (781)-316-3880.



PICK UP PLAN/INDIVIDUALS AUTHORIZED FOR PICK UP FORM

It is strongly recommended that the pickup/drop off person (parent/guardian/individual) is the **same** individual throughout the week. Participants will only be released to adults that have been listed on the participant's authorized pick up form.

To assure the safety of your child, **A PHOTO ID WILL BE REQUIRED AT PICK UP** until your counselor can positively identify that the individual picking up has done so before and is on the participants authorized pick up list. These procedures are to guarantee the safety of your child. If someone other than the parent/guardian is picking up, a written note must be submitted to the Program Director ahead of time.

Please list all adults, **INCLUDING PARENTS**, which are authorized to pick up your child this summer. To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members. Individuals must be at least 18 years old to pick up a participant.

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INDIVIDUALS AUTHORIZED FOR PICK UP

The following people are authorized to pick up my child, _____, up from the Arlington Recreation summer program which they are registered for:

- 1. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 2. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 3. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____
- 4. Name: _____ Relationship to Child: _____
Address: _____ Primary Phone Number: _____

Please list any individual(s) who is **LEGALLY DENIED** access to your child. If this is the case, please email mjcurran@town.arlington.ma.us to provide additional information on the situation. Please include their name, relationship to the child, and age: _____

PLEASE REMEMBER THAT ALL PEOPLE LISTED AS AUTHORIZED PICK UPS MUST COME WITH A VALID PHOTO ID

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REQUIRED PARTICIPANT FORMS: ARLINGTON RECREATION SUMMER PROGRAMS 2022

EMERGENCY INFORMATION FORM

PARTICIPANT INFORMATION

Please complete the Emergency Information, Pick Up Plan/Individuals Authorized, & Statement of Understanding/Acknowledgment/Permission Forms. All (3) forms must be filled out individually for each participant. Individuals will not be allowed to participate if these forms are incomplete. All forms are DUE (7) days prior to the start date of the first program section that each participant is attending during the summer of 2022.

Participant's Name: _____ Date of Birth: _____ Grade Entering Fall 2022: _____

Allergies: _____ Medications: _____

Special Accommodations: _____

PARENT/GUARDIAN INFORMATION

(Please fill out all information applicable. Use N/A if not applicable)

Participant/Guardian Name: _____ Participant/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACT INFORMATION

Required to list at least (2) individuals other than parents/guardians. Individuals should be local/accessible in the event of an emergency)

Name: _____ Relationship to Child: _____

Address: _____ Primary Phone Number: _____

MEDICATION REQUEST/PERMISSION

Please check all lines that apply. Please note children taking medication during the program are required to have a *Medication Consent Form* completed on their behalf. Participants with any type of food allergy and/or that are prescribed an EpiPen are required to have a *Food Allergy & Anaphylaxis Emergency Care Plan* completed on their behalf. Please list type of medication and dosage below, regardless if taking at home or during the program.

My child will need to take medication during program hours

Medication: _____ Dosage: _____

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MEDICATION CONSENT FORM
Arlington Recreation Summer Programs 2022

Name of child: _____

Name of medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Additional Notes: _____

Name prescribing Physician: _____ Phone Number: _____

I, _____, (parent or guardian) give permission
for Arlington Recreation authorized staff member(s) to administer medication to my child as indicated
above during the Arlington Recreation Program which they are attending

Parent/Guardian Signature: _____ Signature Date: _____

Relationship to Participant: _____ Phone Number: _____

A Doctor's Signature: _____ Signature Date: _____



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No



NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

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- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



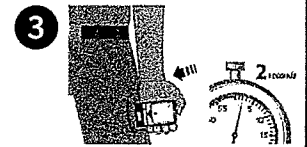


FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

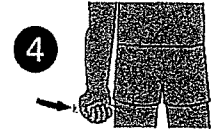
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



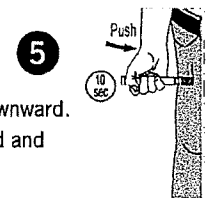
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



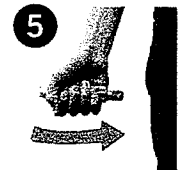
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____