Hampshire Township Park District Summer Camp Parent Handbook 2026

Summer Camp Recreation Manager: Kim Johnson

224-365-9354

847-683-2690

etc@hampshireparkdistrict.org

Summer Camp Recreation Supervisor: Frankie Gotter

224-630-5077

fgotter@hampshireparkdistrict.org

Arrival

Morning drop off is at 8:30 AM at the Seyller Park playground and pick up is no later than 4:00 PM at the Seyller Park playground. You may elect to enroll in extended care for earlier drop off times and later pick up times. Pick up other than these times must be pre-arranged, as children will not be at the Seyller Park playground all day. In the case of inclement weather, drop off/pick up will be in the Seyller Park Community Room. You will be notified of any changes in the drop off/pick up location via a Procare message.

Sign In/Sign Out

When you pick up or drop off, you must scan the QR code and sign your child in or out using the Procare app. The staff will not dismiss a child without a parent/guardian checking out a child out. A picture ID must be shown when anyone other than the parent/guardian is picking up a child. The name on the ID must correspond with a name on the *Registration Form;* if the names do not match the child will not be dismissed and the parent/guardian will be notified. If a parent/legal guardian is restricted from picking up your child, please provide the Court Order (Order of Protection), to the ETC Recreation Manager. Any other person picking up your child other than an alternate as noted on the registration form requires a written message via procare (preferred) or email to etc@hampshireparkdistrict.org. Staff will then note that your child was checked out but a digital signature will not be available.

Extended Care

For an additional weekly fee ($20 for extended morning care, $15 for extended afternoon care, or $30 for both extended morning and afternoon care) you may extend your child's care. Early drop off starts at 7:00 AM at 390 South Ave. Late pickup starts at 4:01 PM at 390 South Ave. Late pickup ends at 5:00 PM.

Late Pick Up

In the event you are running late for pick up, it is suggested that you have alternate pick up arrangements. The Summer Camp Recreation Manager must be notified as soon as you know you will be late. The staff will make three attempts to contact the parent/parents. If we are unable to contact a parent, we will contact any alternate pick up listed on your child/children's *Registration Form.* If the child is not picked up 15 minutes after program dismissal and the staff fails to hear from a parent/guardian or authorized pick up, we will seek the assistance of the local police department.

Late Pick Up Payment

If your child is not enrolled in extended PM care, a Late Pick Up Fee of $15 will be charged beginning at 4:05 PM. Beginning at 4:05 PM, a fee of $1 per minute, per child, will be charged. The Late Pick Up Fee payment is due no later than the next business day after which the late pick up occurs. The parent/guardian will be asked to sign the *Late Pick Up Agreement Form* and pay the totaled Late Pick Up Fee. If a child is picked up late 3 times, they may be removed from the program.

Absences

If your child will be absent, leaving early, or arriving late, please send a Procare message to the Summer Camp staff via Classroom Chat. If an emergency arises, notify us by phone.

Refunds will not be given for missed day of camp

Off Site Field Trips and Pool Trips

No child will be allowed to participate in the off-site field trips or the pool trips without the signed waivers submitted to the Hampshire Township Park District.

ADA Compliance/Special Needs

The Hampshire Township Park District complies with the Americans with Disabilities Act by making reasonable accommodations for children with disabilities. The Hampshire Township Park District also belongs to the Northern Illinois Special Recreation Association (NISRA) to help make reasonable accommodations for children with special needs. If an Inclusion Aide is required, the Inclusion Aide must be present for the child to participate in the Summer Camp Program. To qualify for an Inclusion Aide, the student must be evaluated by NISRA. The aide will be hired by the Park District. It is the parent's responsibility to notify the Summer Camp Recreation Manager if special services or accommodations are requested. All accommodation requests must be submitted at least 1 month prior to the start of a program and will be assessed on an individual basis.

Electronic Devices

The Hampshire Township Park District Summer FUN Camp is an 'electronic free zone'. Cell phones must remain in the child's backpack and must be put on silent mode. Children may not listen to music, play games, take videos/pictures, etc. Smart watches are not recommended to be worn at camp, as staff cannot remind children to remove their watch before beginning water activities. If a parent insists that their child wear a smart watch, the watch must be put on silent mode. No games or music are to be played on the smart watch. Nintendo DS, PSP, Nintendo Switches, etc. are not allowed at camp. The Hampshire Township Park District is not responsible for any lost or damaged personal property.

Parent Communication

Most concerns may be discussed with at the time of your child's pick up or drop off. However, feel free to make special arrangements with the Summer Camp Recreation Manager to discuss any concerns you may have. Procare will be the main communication source of weekly summer camp updates, field trip pictures, etc. Be sure your message notifications are turned on.

Parental Code of Conduct

Parents are expected to follow the program rules and treat the staff with respect. ***All program, staff issues, comments, or concerns should be directed to the Summer Camp Supervisor or ETC Recreation Manager; NEVER the staff.*** If a parent (or anyone who picks-up) is verbally abusive towards staff, the parent will no longer be allowed to pick up the child from the program. If multiple offences occur, the child will no longer be allowed to attend Summer Camp. This includes sarcasm, criticism, and/or negative comments directed at staff and/or other parents. The police may be called to remove any parent who does not abide by this Parental Code of Conduct.

Illnesses

If a child has a temperature of 99.8 or above, vomiting, and/or diarrhea, they will NOT be permitted to attend the Hampshire Township Park District Summer Camp Program.

If a child becomes ill at Summer FUN Camp, parents/guardians will be notified and asked to pick-up their child immediately. **THE CHILD MUST BE PICKED UP WITHIN 20 MINUTES OF BEING NOTIFITED.** Prior to pick-up, the ill child will be removed from the activity area, made to feel comfortable, and isolated with a staff member until pick-up. A child sent home from Summer FUN Camp due to illness will not be permitted back into the program without being fever free, and no vomiting or diarrhea for 24 hours or a doctor's note certifying that they are able to return. If your child has lice, please do not send your child to Summer FUN Camp until after the first treatment.

If your child gets sick while we are on a field trip, pickup will require traveling to the site location to pick up your child.

Injuries
(Summer Camp staff is CPR trained & certified)

If your child is injured while in our care and requires more than basic first aid, the following steps will be taken:

1. We will call 911. The injured child will be transported by ambulance to the local hospital or emergency center. A Park District staff member will meet the parent/guardian at the hospital. **
2. We will attempt to contact the parent/guardian. If a parent/guardian is not available, we will then attempt to contact the alternate contact(s). It is the parent's responsibility to notify the Summer Camp Recreation Manager with any informational changes to keep paperwork current.

***You will be responsible for the emergency medical charges upon receipt of the statement. Your authorization for the program staff to ensure emergency medical care for your child and your commitment for payment is part of your registration agreement. A staff member will remain with your child at all times until a parent/guardian arrives.*

Medication
Please note that a separate *Asthma Action Plan*, *Allergy/Food Action Plan* and *Inhaler or Auto Injector Plan* must be submitted prior to the start of camp should your child require such as indicated on the *Registration Form*. If they will be taking any medication during their time at camp, please request a *Medical Dispensing Form* from the Summer Camp Recreation Manager. All medication must be given to program staff in individual dosage containers, clearly labeled envelopes, or in original prescription bottles with full instructions. No medication will be given unless the proper forms are completed.

Lunches/Snacks/Water Bottles
All children bring a sack lunch, a refillable water bottle, a morning snack, and an afternoon snack every day. When packing your child's lunch, please pack items that do not require refrigeration; we cannot ensure that your child's lunch will remain cold throughout the day. Field trip days do not typically include a lunch or drink. Please pack your child a lunch, snack, and water bottle on field trip days. We will communicate via Procare if our field trip is including a lunch and what the lunch will be. A refillable water bottle is required daily.

Sunscreen/Insect Repellent
Each child is responsible for bringing and applying their own sunscreen and bug spray. See *Additional Information Checklist Form* if your child will need assistance with reapplying sunscreen/bug spray.

Clothing
We strongly encourage your child to wear or bring appropriate shoes to play in, preferably gym shoes. Water shoes may be worn at splash pads, waterparks, and when on blacktop during water play. If your child is wearing flip-flops, your child may not be able to participate in the activity. Please also have your child bring a swimsuit and towel daily as we will travel to a splash pad or have water activities as weather permits. Socks should also be packed daily in case of inclement weather days.

Your child will primarily be outside, so make sure your child is dressed appropriately. This means to wear something comfortable and that you don't mind them getting dirty.

On field trip days, your child will be required to wear the t-shirt provided to you by the Hampshire Township Park District. This will identify your child as one of our camp participants. Please have the shirt washed on the weekend and have your child bring it every Monday to camp so they can change and wear it on Wednesday and no one forgets their shirt!

Personal Property from Home

Personal property from home is not recommended to be brought to summer camp. We cannot guarantee only your child will be able to play with the items. If your child wishes to bring a toy to share, please notify the staff to ensure the item/toy does not interfere with summer camp operations.

Refunds/Withdrawals

In order to receive a full refund, notification to withdraw from a camp must be received 2 weeks prior to the start of camp and the refund will be the camp cost minus the $25 deposit. Refunds will not be issued for camp days that participants are unable to attend.

- No refunds will be issued after the start of each camp session unless accompanied by a medical note.
- No refunds or credits will be given for days your child does not attend camp.
- We are unable to prorate fees for days missed due to illness, vacation, holidays or behavior suspensions.

*Withdrawals/Refunds will not be issued after the camp has been completed

Behavior Management Policy

Every child is expected to use appropriate language towards other program participants and the staff. There will be no hitting, biting, fighting, swearing, spitting or kicking. Children must listen to and respect the Extended Care staff at all times. If a child is suspended from school they will also be suspended from the Extended Care Program. Minor behavior challenges will results in a verbal warning where a parent/guardian must initial in recognition of the behavior. After 3 verbal warnings of the same behavior, a written warning will occur. Major behavior challenges will result in a written warning. A parent/guardian will be required to sign the write-up and a copy will be given to the parent/guardian. After 3 write-ups, the child may be suspended or dismissed from the Extended Care Program.

Anti-Bullying Policy

The Hampshire Township Park District will NOT tolerate bullying in our programs! If a participant in our Extended Care Program intimidates other participants in such a way that they feel threatened at any time, immediate dismissal from our program may result.

Harassment and intimidation are serious, as will not be tolerated. Bullying acts include; verbal conduct that creates a hostile environment by substantially interfering with a participant's opportunities, or with a participant's physical or physiological well-being. Bullying can also be motivated by a perceived personal characteristic such as race, national origin, gender identity, religion, disability, or is threatening and seriously intimidating. Please report alleged bullying incidents that occur immediately to the ETC Recreation Manager, Kim Johnson. She may be reached at 847-683-2690 or cell 224-365-9354 or etc@hampshireparkdistrict.org.

Immediate Dismissal

The Hampshire Township Park District reserves the right to dismiss a participant (without any previous warning) whose behavior endangers the safety of oneself or others.

1. Any child who harms oneself or another child including but not limited to **physical and/or verbal abuse** will be removed from the program. **No exceptions will be made.**
2. Any child who runs away from the staff and/or the Extended Care site will be removed from the Extended Care Program. If the child leaves the site and the staff cannot convince the child to return, the police will be called. The staff is not permitted to leave the site.
3. Any child, who physically abuses any Hampshire Township Park District staff member, will be immediately dropped from the program. **No exceptions will be made.**
4. Any child who brings a weapon to Summer Camp.
5. A child may be suspended immediately, without previous written notice for a serious offense.
6. Child must be able to maintain personal hygiene: washing hands, and applying hand sanitizer.
7. Child must be able to use the bathroom facilities independently.

Physical violence is NOT tolerated in the program.

Payments

Summer FUN Camp fees are as follows:

- A $25 nonrefundable deposit (per week, per child) is required to hold your child's place in camp. This will be deducted from the balance due.
- Extended morning care is $20 a week. Extended afternoon care is $15 a week. If your child is enrolled in both extended morning care and extended afternoon care the weekly fee is $30.
- Camp fees, or the balance of camp fees, are due the Thursday before camp begins.
- A credit or debit card must be on file for camp fees which will be billed the Thursday before camp begins.
- The provided weekly rates are for 5 day attendance, except for the week of 5/25, which is a 4 day week.

Attendance

If your child is ill or will be unable to attend, please send a message on Procare.. If your child will arrive late, please follow the same procedure above. Staff cannot guarantee that the camp staff will be available to meet your child at the morning drop off location, and you might be required to bring your child to the staff's location if you do not arrive by 9:00 a.m.

HAMPSHIRE Township Park District

Summer Camp 2026 - Registration Form

www.hampshireparkdistrict.org
182 S. State St.
Hampshire, IL 60140
Office: 847-683-2690
Fax: 847-683-1741

Child's Name (First and Last) _____ Grade (completed) _____

Child's Name (First and Last) _____ Grade (completed) _____

Primary address _____ City _____ Zip Code _____

Date of Birth __/__/__ Gender___ Age ___ T-Shirt Size ___Y/A Shoe Size ___ K-1 Camp ___ 2-3 Camp ___ 4-5 Camp ___

Date of Birth __/__/__ Gender___ Age ___ T-Shirt Size ___Y/A Shoe Size ___ K-1 Camp ___ 2-3 Camp ___ 4-5 Camp ___

First Parent/Guardian _____ Relation _____
Address (if different than above) _____ City _____ Zip Code _____
Primary Phone # _____ Cell Phone # _____ Work Phone # _____
Primary Email _____
Second Parent/Guardian _____ Relation _____
Address (if different than above) _____ City _____ Zip Code _____
Primary Phone # _____ Cell Phone # _____ Work Phone # _____
Primary Email _____

A photo ID is required at pick up. Only persons listed above and below will be allowed to pick up your child.

Alternate pick up person _____ Phone # _____
Alternate pick up person _____ Phone # _____

Medical allergies, illnesses or other conditions _____
Will your child need to take medication during the program? _____ If yes, please complete a *Permission to Dispense Medication Form and Waiver.*
Does your child have a severe food allergy or have a prescribed Epi Pen? _____ If yes, please complete a *Food Allergy Action Plan Form.*
Does your child have Asthma and use medication for control/relief? _____ If yes, please complete an *Asthma Action Plan Form.*
ADA Compliance: Please notify staff at time of registration if your child requires special accessibility or accommodations for participation. Please describe any accommodation needed for successful inclusion into the program. _____
_____
_____

$25 deposit per week, per child. Deposit will come off the total weekly cost
Please check all that apply. Choose your week(s) of attendance. Each week is $250R/$275NR per child unless noted.

○ Week 1: May 26 – 29	Slick City (Pending)	*Camp Cost is $225R/250NR* (4 Day Week)
○ Week 2: June 1 – 5	Funway	
○ Week 3: June 8 – 12	Santa's Village	
○ Week 4: June 15 – 19	Blackberry Farms	
○ Week 5: June 22 – 26	Philips Park Aquatic Center (Pending)	
○ Week 6: June 29 – July 3	Otter's Cove	
○ Week 7: July 6 – 10	Bartlett Aquatic	
○ Week 8: July 13 – 17	Urban Air (Pending)	
○ Week 9: July 20 – 24	Rainbow Falls (Pending)	
○ Week 10: July 27 – 31	Main Event	
○ Week 11: Aug 3 – 7	Lords Park Zoo and Museum	

Is anyone legally restricted from picking up your child? Yes No
If yes, who: _____
**please provide any court orders to the Recreation Manager*

PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.

IMPORTANT INFORMATION:

I have read and fully understand the Important Information, Waiver of Release of All Claims & Assumption of Risk. I further understand that my signature is required below in order to participate in the Hampshire Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the Parent Handbook.

I have received the Summer FUN Camp Parent Handbook and agree to comply with the guidelines included in the handbook. **Initial** _____

I have read the payment agreement and understand that I am fully responsible for payments to the program. **Initial** _____

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**

Hampshire Township Park District Waiver & Release

The Hampshire Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Hampshire Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the reverse listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Hampshire Park District to guarantee absolute safety.

Waiver and Release of all Claims and Assumptions of Risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, listed on the reverse side you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Hampshire Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Hampshire Park District).

I do hereby fully release and forever discharge the Hampshire Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

PLEASE PRINT: Participant's Name(s) _____

Parent/Guardian Signature _____ Date _____

HAMPSHIRE Township Park District

Summer Camp - Payment Agreement

Please print participant name(s) _____

Please print parent/guardian name _____

REGISTRATION AGREEMENT

Upon registration, I agree to make the following payments:

- ✓ By Thursday at 12 noon the up-coming Camp week's payment is due in full.
- ✓ I understand my child will not be able to attend Summer Camp if my account is not good standing at the end of each week.

_____ _____

Signature *Date*

OPTION # 1

I agree to store a credit/debit card number at the Hampshire Township Park District Office and have the card charged every **THURSDAY** for the up-coming Camp week.

☐ VISA ☐ MASTERCARD ☐ DISCOVER

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ Expiration Date: ___ ___ / ___ ___

CVV _____

_____ _____

Signature *Date*

OPTION # 2

I agree to make payment in person by check/cash at the Park District Administration Office (182 S. State St.) by no later than 12 noon on Thursday of the up-coming Camp week. **NO CASH PAYMENTS MAY BE MADE AT THE DROP OFF/PICK UP TO THE STAFF**. There is a $30.00 fee for checks returned for insufficient funds. After the second returned check, cash payments only will be accepted.

_____ _____

Signature *Date*

Illinois Department of Public Health

Asthma Action Plan

Patient Name _____ Weight _____ Date of Birth _____ Peak Flow _____

Primary Care Provider Name _____ Phone _____

Primary Care Clinic Name _____

Symptom Triggers _____

Asthma Severity

Green Zone "Go! All Clear!"



- Breathing is easy
- Can play, work and sleep without asthma symptoms

Peak Flow Range
(80% - 100% of personal best)

The **GREEN ZONE** means take the following medicine(s) every day.

Controller Medicine(s) **Dose**

_____

_____

_____

Spacer Used _____

Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.

_____

Yellow Zone "Caution..."



- Breathing is easy
- Cough or wheeze
- Chest is tight

Peak Flow Range
(50% - 80% of personal best)

The **YELLOW ZONE** means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.

Reliever Medicine(s) **Dose**

_____

_____

If beginning cold symptoms, call your doctor before starting oral steroids.

_____

Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.

Red Zone "STOP! Medical Alert!"



- Medicine is not helping
- Nose opens wide to breathe
- Breathing is hard and fast
- Trouble Walking
- Trouble Talking
- Ribs show

Peak Flow Range
(Below 50% of personal best)

The **RED ZONE** means start taking your RED ZONE medicine(s) and call your doctor NOW! Take these medicines until you talk with your doctor. If your symptoms do not get better and you can't reach your doctor, go to a **hospital emergency department or call 911 immediately**.

Reliever Medicine(s) **Dose**

_____

_____

_____

For more information on asthma, please visit the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov, the U.S. Centers for Disease Control and Prevention at www.cdc.gov or the U.S. Environmental Protection Agency at www.epa.gov.

If you would like more information on Illinois' asthma program, please contact the Illinois Department of Public Health at 217-782-3300.

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ILLINOIS FOOD ALLERGY EMERGENCY ACTION PLAN AND TREATMENT AUTHORIZATION

Child's Photograph

NAME:_____ **D.O.B:**____/____/____

TEACHER:_____ **GRADE:**_____

ALLERGY TO:_____

Asthma: ◯ Yes (higher risk for a severe reaction) ◯ No

Weight: _____ lbs

ANY SEVERE SYMPTOMS AFTER SUSPECTED INGESTION:

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)
SKIN: Many hives over body

Or Combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling
GUT: Vomiting, crampy pain

INJECT EPINEPHRINE IMMEDIATELY

- Call 911
- Begin monitoring (see below)
- Additional medications:
- Antihistamine
- Inhaler (bronchodilator) if asthma

Inhalers/bronchodilators and antihistamines are not to be depended upon to treat a severe reaction (anaphylaxis) → Use Epinephrine.

When in doubt, use epinephrine. Symptoms can rapidly become more severe.

MILD SYMPTOMS ONLY

Mouth: Itchy mouth
Skin: A few hives around mouth/face, mild itch
Gut: Mild nausea/discomfort

GIVE ANTIHISTAMINE

- Stay with child, alert health care professionals and parent.

IF SYMPTOMS PROGRESS (see above), INJECT EPINEPHRINE

☐ **If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.**
☐ **If checked, give epinephrine before symptoms if the allergen was definitely eaten.**

MEDICATIONS/DOSES

EPINEPHRINE (BRAND AND DOSE): _____

ANTIHISTAMINE (BRAND AND DOSE): _____

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

MONITORING: Stay with the child. Tell rescue squad epinephrine was given. A second dose of epinephrine can be given a few minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping child lying on back with legs raised. Treat child even if parents cannot be reached.

☐ Student may self-carry epinephrine ☐ Student may self-administer epinephrine

CONTACTS: Call 911 Rescue squad: (____)_____

Parent/Guardian: _____ Ph: (____)_____

Name/Relationship: _____ Ph: (____)_____

Name/Relationship: _____ Ph: (____)_____

Licensed Healthcare Provider Signature:_____ Phone:_____ Date:_____
(Required)

I hereby authorize the school district staff members to take whatever action in their judgment may be necessary in supplying emergency medical services consistent with this plan, including the administration of medication to my child. I understand that the Local Governmental and Governmental Employees Tort Immunity Act protects staff members from liability arising from actions consistent with this plan. I also hereby authorize the school district staff members to disclose my child's protected health information to chaperones and other non-employee volunteers at the school or at school events and field trips to the extent necessary for the protection, prevention of an allergic reaction, or emergency treatment of my child and for the implementation of this plan.

Parent/Guardian Signature:_____ Date:_____

DOCUMENTATION

- Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
- Save food eaten before the reaction, place in a plastic zipper bag (e.g., Ziploc bag) and freeze for analysis.
- If food was provided by school cafeteria, review food labels with head cook.
- Follow-up:
  - Review facts about the reaction with the student and parents and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations will be age-appropriate.
  - Amend the Emergency Action Plan (EAP), Individual Health Care Plan (IHCP) and/or 504 Plan as needed.
  - Specify any changes to prevent another reaction.

TRAINED STAFF MEMBERS

Name:_____ Room:_____

Name:_____ Room:_____

Name:_____ Room:_____

LOCATION OF MEDICATION

☐ Student to carry

☐ Health Office/Designated Area for Medication

☐ Other: _____

ADDITIONAL RESOURCES

American Academy of Allergy, Asthma and Immunology (AAAAI)
414-272-6071
http://www.aaaai.org
http://www.aaaai.org/patients/resources/fact_sheets/food_allergy.pdf
http://www.aaaai.org/members/allied_health/tool_kit/ppt/

Children's Memorial Hospital
773-KIDS-DOC
http://www.childrensmemorial.org

Food Allergy Initiative (FAI)
212-207-1974
http://www.faiusa.org

Food Allergy and Anaphylaxis Network (FAAN)
800-929-4040
http://www.foodallergy.org

This document is based on input from medical professionals including Physicians, APNs, RNs and certified school nurses. It is meant to be useful for anyone with any level of training in dealing with a food allergy reaction.

WAIVER & RELEASE OF ALL CLAIMS
FOR USE OF INHALER OR AUTO-INJECTOR

WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.,* you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the Hampshire Township Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or 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 further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the Hampshire Township Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the Hampshire Township Park District.

I further agree to protect, indemnify, save, defend and hold harmless the Hampshire Township Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the Hampshire Township Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the Hampshire Township Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT Participant's Name

_____

Parent/Guardian's Signature

_____

Date_____

PARTICIPATION WILL BE DENIED
If the signature of parent/guardian and date are not on this waiver.

Parent Permission for Their Child to Carry an Inhaler

Child's Name_____

Child's Grade_____

Name of Medication to be Used_____

Location of Medication

☐ Student to Carry in Backpack

The child will be in possession of their own inhaler, and it is their responsibility if it is lost or stolen. The child is to notify Hampshire Township Park District Lead Staff before using the medication so that it can be logged properly.

Parent Signature_____ Date_____

Inhaler Log

Child's Name_____

Name of Medication_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

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Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Date Used __/__/__ Time Used __:__ Amount Used_____ Staff Initials_____

Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name:_____ Age:_____

Address:_____

Parent's/Guardian's Name(s)_____

Daytime Phone:_____ Other Phone:_____

Program Name:_____

Doctor's Name:_____ Phone:_____

MEDICATION INFORMATION:

1. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

2. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

3. Name:_____ Dose:_____ Time:_____

   Dispensing & Storage Instructions:_____

   _____

   Possible Side Effects:_____

   _____

OTHER INFORMATION:_____

_____

_____

_____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

_____ _____

Signature of Parent or Guardian **Date**

Hampshire Township Park District

Permission to Dispense Medication

Waiver and Release of All Claims

The Hampshire Township Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM:_____DATE:_____

I _____ the parent/guardian of _____
(Print Name) (Print Name)
give permission to the staff of the Hampshire Township Park District

to administer to my child _____.
(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

PARTICIPANT'S NAME:_____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

_____

_____

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Hampshire Township Park District **to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.**

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my 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/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Hampshire Township Park District administering medication to my minor child, I do hereby fully release or discharge the Hampshire Township Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

_____ _____

Signature of Parent or Guardian Date