

VIRGINIA BEACH PARKS & RECREATION

2019 SUMMER CAMP REGISTRATION PACKET

This packet contains all forms required to attend our summer camps. Please review the details below to ensure all required forms and documents are submitted by the dates indicated. Failure to submit any required forms and documents will result in your child being withdrawn and fees will be forfeited.

SUMMER REGISTRATION FORMS

- **Summer Registration Form (*two sided*)**
- **Authorization for Automatic Payments Form**
- **Inclusion, Accommodation & Special Needs Request Form**
- **Medication Consent Form (*two sided*)**
- **Consent and Release of Epinephrine Injections Form**

Summer Registration Form

This form must be completed by a parent/legal guardian and is due at registration. If you registered on-line, you must submit this form and any required documentation indicated below by **June 1, 2019**. Failure to do so will result in your child being withdrawn and fees will be forfeited.

Additional Required Documentation

Legal documents must be submitted with our Summer Registration Form for anyone indicating “legal guardian.” These documents do not stay on file. *Please note that a Medical Power of Attorney is not sufficient.*

- Current Custody Order from the courts
- Current Notarized Power of Attorney stating the individual indicated as a legal guardian has the ability to perform parental acts such as registering for school, daycare, summer camps, etc.

Original Birth Certificate and a *copy of your child’s school entrance immunization and physical records* is required if they are enrolled in an Early Childhood Program or do not attend a Virginia Beach City Public School. These documents do not stay on file and must be submitted by **June 1, 2019**.

Authorization for Automatic Payments Form

This form must be submitted at least 5 business days prior to your payment due date if you would like to set up autopay. Automatic Payments are not transferred between program registrations (school year versus summer). Please note that we are unable to set up automatic payments past the expiration date of your card. A new form will be required.

Inclusion, Accommodation & Special Needs Request

Reasonable accommodations are offered to enable individual’s successful participation in our programs and services. If you indicated “yes” on your child’s summer registration form, please complete an Inclusion, Accommodation & Special Needs Request Form located on-line at www.vbgov.com/inclusion and e-mail it to princlusionservices@vbgov.com. An Inclusion Specialist will contact you once they have received your request.

Medication Forms and Instructions

We have strict guidelines for approving medications your child may require while in our programs. A completed Out-of-School Time Program Medication Consent form is required to be submitted for **each** medication your child may require while in our programs, each registration period. Please note that approval may take up to two weeks, depending on when your forms are submitted and received. Incomplete and/or out dated forms will delay the approval process.

Parents and Legal Guardians will be contacted by our office with further instructions relating to the medication process once we have received your child's medication forms. Until this occurs, we are unable to accept medication(s) that have not been approved by our administration office. If you have any questions regarding medications, please call 757.385.0431.

MEDICATION CONSENT FORM

- One form per medication is required
- ALL sections under *Participant Information* must be completed by a parent/legal guardian
- ALL sections under *Parent/Legal Guardian Information* must be completed and signed by a parent/legal guardian
- ALL sections under *Licensed Authorized Prescriber** must be completed and signed by a physician

CONSENT AND RELEASE FOR THE ADMINISTRATION (EPI-PEN) INJECTION FORM

- ALL sections under *Participant Information* must be completed by a parent/legal guardian
- ALL sections under *Parent/Legal Guardian Information* must be completed and signed by a parent/legal guardian
- ALL sections under *Licensed Physician Signature** must be completed and signed by a physician
- A Medication Consent Form completed by a parent/legal guardian along with this form (*see instructions above*)

****Licensed Authorized Prescriber / Licensed Physician Signature***

A current Asthma Action Plan, Life Threatening Allergy Management Plan (LAMP) or Request for Administration of Medication in Hampton Roads Schools signed by a physician is acceptable to provide **for the signature requirement of the physician only**. Our Medication Consent Form and Consent and Release for the Administration (Epi-Pen) Injection Form must be completed by a parent/legal guardian.

Asthma Action Plan Instructions

At least one of the boxes (Green, Yellow, Red) must be indicated. If incomplete, this will delay the approval process.

Life Threatening Allergy Management Plan (LAMP) Form Instructions

A current Life Threatening Allergy Management Plan (LAMP) signed by a physician is acceptable to provide **only for the signature requirement of the physician**

Request for Administration of Medication in Hampton Roads Schools Form Instructions

A current Request for Administration of Medication in Hampton Roads Schools Form signed by a physician is acceptable to provide **only for the signature requirement of the physician**.

Out-of-School Time Program Summer Registration Form

All sections of this form must be completed, and submitted with payment. If the Release of Virginia Beach City Public Schools Student Information section is incomplete, does not indicate a Virginia Beach City Public School, or in an Early Childhood Program: original birth certificate, school entrance immunization and physical records must be submitted prior to attending.

PARTICIPANT INFORMATION Complete all fields below. One form per participant is required.				
Name		Address		City & Zip
Primary Phone		<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	Age
Nickname		Grade <small>(2018-19 school year)</small>	Previous Daycare/School	
Physician's Name & Practice			Phone	
Allergies to food, medicines, etc.				
Will participant require medication to be administered during the program? <input type="checkbox"/> NO <input type="checkbox"/> YES A MEDICATION CONSENT FORM IS REQUIRED				
Does participant have special needs <i>(developmental, emotional, physical)</i> that require accommodations? <input type="checkbox"/> NO <input type="checkbox"/> YES AN ACCOMMODATION FORM IS REQUIRED				
Has participant had an Accommodation Plan with us in the past? <input type="checkbox"/> NO <input type="checkbox"/> YES PLEASE PROVIDE DATES:				
PARENT/LEGAL GUARDIAN INFORMATION Complete all fields below. Legal Documentation is required at registration and does not stay on file for Legal Guardians.				
Relationship to participant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian Legal Documentation required				
Name		Address		City & Zip
Email (REQUIRED)				
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth		Employer	
Relationship to participant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian Legal Documentation required				
Name		Address		City & Zip
Email (REQUIRED)				
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth		Employer	
EMERGENCY CONTACT & AUTHORIZED TO PICK UP INFORMATION Provide the first and last name of at least two adults other than the parent/legal guardians above.				
Name		Address		City & Zip
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Relationship to Participant				
Name		Address		City & Zip
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Relationship to Participant				
Name		Address		City & Zip
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Relationship to Participant				
Name		Address		City & Zip
Primary Phone		<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Relationship to Participant				
PERSON(S) NOT-AUTHORIZED TO PICK UP Non-Custodial parent(s) shall be allowed to pick up unless a court order prohibiting such release or terminating parental rights is submitted with your child's registration form. Documentation does not stay on file and is required for each program registration period if indicating a biological or step-parent below.				
Name(s)				
Relationship to Participant				

INDICATE THE PROGRAM, LOCATION AND WEEKS DESIRED WITH A ✓ (WRITE THE SPORT & SPECIALTY CAMP AND/OR SCHOOL LOCATION)

EARLY CHILDHOOD PROGRAMS

SCHOOL AGE PROGRAMS

MIDDLE SCHOOL & TEEN PROGRAMS

- Preschool (2.5 - 4 yr)
- PreK (4 - 5 yr)
- Kinderbuddies (rising 1st grader)

- Juniors Rising 1st - 3rd graders
- Seniors Rising 4th - 6th graders

- Middle School Mania Rising 6th - 9th graders
- Teen Camp Rising 7th - 9th graders

Sport & Specialty:

REC CENTER LOCATION: Bayside Bow Creek Great Neck Kempsville Princess Anne Williams Farm

KIDZQUEST SCHOOL LOCATION:

MIDDLE SCHOOL MANIA LOCATION:

WEEKS: #1: June 17-21 #2: June 24-28 #3: July 1-5 #4: July 8-12 #5: July 15-19 #6: July 22-26 #7: July 29-Aug 2
 #8: Aug 5-9 #9: Aug 12-16 #10: Aug 19-23 #11: 8/26-8/30**Early Childhood only

RELEASE OF VIRGINIA BEACH CITY PUBLIC SCHOOLS STUDENT INFORMATION *complete all fields below*

(If Early Childhood, Declined or Does not attend a VB Public School: must provide Birth Certificate, School Entrance Immunization and Physical Records)

FERPA Authorization: I hereby authorize the School Board and School Administration for Virginia Beach City Public Schools to release and/or discuss non-directory and related information regarding the student named on this registration form to: **City of Virginia Beach Department of Parks & Recreation Staff, Out-of-School Time Programs, 2154 Landstown Road, Virginia Beach, VA 23456 (Phone: 757-385-0402).**

The purpose of releasing this information is: to obtain information relevant to the student's birth certificate, custody and visitation arrangements, inoculation or related health records and emergency contact information. I affirm that I have read carefully the foregoing authorization and that I fully understand the meaning and intent of this release. I affirm that I have signed this authorization voluntarily, and knowingly and with the intent of being legally bound. I also understand that I may revoke any part or all of this authorization at any time upon submission of an updated FERPA Authorization Release to the school that the student attends.

For participants in RISE Programs at Title I Schools who apply for a reduced fee: I hereby give permission to the School Board and School Administration of the Virginia Beach City Public Schools to release to Virginia Beach Parks and Recreation information concerning eligibility for Free and Reduced Lunch under the National School Lunch Act for the participant listed below. This information may be released for the sole purpose of determining eligibility for participation in or reduction of participation fees in the RISE Program. This information may not be used for any other purpose and may not be shared with persons not directly related to the program for which the student's are applying.

Student's Name	School Attends
Parent/Legal Guardian Signature	Parent/Legal Guardian Printed Name

PROGRAM INFORMATION AND EXPECTATIONS OF ALL PARTICIPANTS *complete all fields below*

To ensure an understanding and acknowledgement please check off each box and sign below:

- Staff will attempt to notify me whenever my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within the hour of receiving the phone call.
- If my child or someone in my household comes down with a reportable communicable disease, I will notify OST staff within 24 hours so they can notify the parents of other program/camp participants and local health authorities (all names will remain confidential).
- An emergency operations plan has been developed to help staff and participants be prepared for situations. This is posted at all sites, updated annually and a copy of the plan can be provided upon request.
- I authorize emergency personnel to treat my child in case of an emergency.
- I understand that staff will keep me updated on my child's behavior. If I do not pick up my child, I release staff to share behavioral information to the approved individual on my pick-up list.
- If my child is enrolled in a licensed program, I will be provided written summaries on my child's behavior at least twice a year.
- I am responsible for reviewing contents of the Parent Handbook and complying with its contents.
- I will provide my child's proof of identity (Birth Certificate, Passport) and immunization record if they are enrolled in a licensed program and/or they are not enrolled in the Virginia Beach City Public Schools.

Parent/Legal Guardian Signature	Date
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ASSUMPTION OF RISK AND POLICIES & PROCEDURES *must be completed; if declined/incomplete will not be able to register/attend*

I, for myself and/or child named here as a patron and/or participant in a Virginia Beach Parks & Recreation Facility and/or Program/Camp, am aware of the possibility of accidental or other physical injury which may befall me or my child(ren) during my/our use of the facility, equipment, and/or participation in Programs/Camps conducted by this department including Programs/Camps co-sponsored with other agencies. I do hereby assume the risks of possible accidental injuries that I or my child(ren) may suffer while utilizing Virginia Beach Parks & Recreation Facilities and/or Programs/Camps and release from any and all liability of cause of action, the City of Virginia Beach, its employees, agents and volunteers. I agree to follow all the policies and procedures in the Parent Handbook. I hereby provide my consent for the Department of Parks and Recreation to use photographs, videos and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the City of Virginia Beach, its services, or departments and agencies. I understand that there will be no remuneration for such use.

Parent/Legal Guardian Signature:	Printed Name:	Date
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Office Use Only

Received By & Date	Document Type: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Birth Record <input type="checkbox"/> Passport	
Document/Passport #	Date Issued	Date Expires
Date of Birth	Place of Birth	
Program Start Date	Program End Date	
Comments		

Out-of-School Time Programs

Authorization for Automatic Payments Form

Please complete and return the Authorization for Automatic Payments Form at least 5 business days prior to your next payment due date. One form per program registration is required (*school year versus summer*). Automatic Payments are not transferred between program registrations.

NOTE: We are unable to set up automatic payments past the expiration date of your card. A new form will need to be submitted.

Participant(s) Information			
Participant Name(s):			
Payers Information			
Payers Name <i>as it appears on your credit card</i> :			
Address:		City & Zip:	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Secondary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address <i>required</i> :			
Credit Card Information			
Credit Card # (<i>16 digits</i>):		Expiration Date:	CVV:
Terms & Agreement			
<p>This agreement will remain in effect until the final payment due date or my child is withdrawn from all program sessions. Additionally, I may terminate this agreement at any time by providing written notification as least five (5) business days prior to my next payment due date.</p> <p>I understand it is my responsibility to keep all contact information including e-mail address and credit card information current with the City of Virginia Beach Department of Parks & Recreation.</p> <p>I understand if my credit card is declined for any reason, it is my responsibility to ensure payment is made to avoid service interruption.</p> <p>I understand I am responsible for contacting Parks & Recreation with any questions and/or concerns about my account balance.</p> <p>I understand that I am responsible for making payment arrangements for any fees that are not scheduled via this agreement, such as past due balances, administrative processing fees, late payment and/or pick-up fees.</p> <p>I agree to the terms above and authorize Parks & Recreation to charge my credit card for the Out-of-School Time Program payments scheduled on my account.</p>			
Cardholder Signature:			Date:
Staff Use Only			
Payers Customer ID:	Processed By & Site	<input type="checkbox"/> BCRC <input type="checkbox"/> BSRC <input type="checkbox"/> GNRC <input type="checkbox"/> KVRC <input type="checkbox"/> PARC <input type="checkbox"/> WFRC <input type="checkbox"/> Admin	
Payments Due For:	<input type="checkbox"/> School Year Monthly Sessions <input type="checkbox"/> Summer Camp Weeks	First due date:	Last due date:
Notes:			
Verified by:			Date:

OUT-OF-SCHOOL TIME PROGRAMS MEDICATION CONSENT FORM

Please review the Medication Forms and Instructions indicated on our Registration Packet to ensure all required information is completed and submitted. Incomplete and/or out dated forms will delay the approval process. If you have any questions, please call 757.385.0431.

- One form per participant, medication, and registration period (school year and summer) is required
- If your child requires an Epi-Pen, you must complete this form AND the Consent for the Administration of Epinephrine (Epi-Pen) Injections
- ALL sections under Participant, Parent/Legal Guardian Information and Licensed Authorized Prescriber MUST BE COMPLETED for medication to be administered 10 days or less, non-prescription or topical medications, or if submitting Virginia Asthma Action Plans, Life Threatening Allergy Management Plans or Hampton Roads School Medication forms

PARTICIPANT INFORMATION <i>one form per participant</i>		
Name	Date of Birth	Known Allergies
PARENT/LEGAL GUARDIAN INFORMATION		
Name	Primary Phone	
I authorize the Out-of-School Time program to maintain and/or administer, if Epi-Pen, the medication as specified on the "Licensed Authorized Prescriber Section" to (print child's name):		

Procedure for Self-Administered Medication/Equipment Form for School-Based Programs

General Information

- All medication will be self-administered, **except the Epi-Pen Injection unless the Permission to Carry and/or Self-Administer Life Saving Medication section is approved**
- Out-of-School Time Program staff will:
 - lock up the medication or equipment (**unless the Permission to Carry and/or Self-Administer Life Saving Medication section is approved**)
 - contact parent immediately if any problem arises concerning this medication or equipment
 - not be responsible for equipment if broken
- If the Out-of-School Time Program staff has any concerns with the medication or specialized procedures request, they will discuss them with the parent
- Accommodations will be made as necessary
- If there is a change in the medication, dosage and/or specialized procedure, an updated **Medication Consent Form** must be completed and submitted for approval before this medication or specialized procedure can be brought to the program and self-administered
- Approved medications must be provided to the Out-of-School Time Program staff within 30 days of being notified of the approval. If the requested medication is not provided to program staff within 30 days of approval, the form will become null and void and the parent will be required to resubmit the form for approval

Medication

- Parents will:
 - make alternate arrangements for administration of any medication prior to submitting completed medication consent forms
 - educate their child in regards to the medication administration requirements
 - provide approved medications in the original labeled pharmacy/physician containers and appropriate administration tools to measure the dose accurately (i.e. measuring spoon, measuring cup, etc.)
 - verify the amount of medication being dropped off with Out-of-School Time Program staff. On the participant's last day in attendance for each week, parent and staff will verify any unused medication and return the unused medication to the parent
- "As Needed" medications such as Inhalers, Benadryl, Epi-Pen, and Anvi-Q will be maintained at the site for the duration of the program in which the participant is enrolled if requested by the parent
- Parents are encouraged to meet with the Out-of-School Time Program staff to review their child's medication needs periodically
- At the time specified in the frequency section herein, the Out-of-School Time Program staff will hand the medication to the participant and someone from the Out-of-School Time Program staff will oversee the taking of the medication by checking visually under the participants tongue/in mouth
- The Out-of-School Time Program staff will document that the medication was self-administered on a medication log which will be submitted to the Recreation Specialist on a weekly basis
- Any unusual side effects will be reported immediately to the parent and Recreation Specialist, if severe 911 will be called

Specialized Procedure

- A Release for the Administration of Epinephrine Injections (Epi-Pen) Form must be completed in addition to this form and signed by a physician and parent in order for a participant to carry an Epi-Pen or the site to maintain an Epi-Pen for a participant
- Parent must understand that with the exception of the Epi-Pen Injection, Out-of-School Time Program staff are not trained to administer medication and do not have legal authority to do so

I will not hold the City of Virginia Beach, Virginia Beach Department of Parks and Recreation and its, Out-of-School Time Programs unit or any of its employees, contractors or agents liable for any negative outcome resulting from the self-administration of medication approved on this form by the participant.

I understand that the Virginia Beach Department of Parks and Recreation, Out-of-School Time Programs unit, after consultation with the parent(s) may impose reasonable limitations or restrictions upon a participant's possession and/or self-administration of said medication relative to the age and maturity of the participant and other relevant consideration.

I understand that the Virginia Beach Department of Parks and Recreation, Out-of-School Time Programs unit, may withdraw permission to carry and self-administer medication at any point during the duration of the program if it is determined the participant has abused the privilege of carrying and self-administration or that the participant is not safely and effectively administering the medication.

I have read and fully understand these guidelines. I voluntarily consent to the program maintaining the medication listed herein and to my child self-administering said medication(s). I further agree to adhere to the above guidelines.

Parent/Legal Guardian Signature	Date
Participant Signature <i>(for self-carry and/or self-administer request)</i>	Date

LICENSED AUTHORIZED PRESCRIBER SECTION *must be completed for all prescription, non-prescription and topical medications.*
Current Asthma Action Plan and LAMP Forms signed by a physician are acceptable to provide for the signature requirement of the physician only; ALL other sections below must be completed by the parent/legal guardian

Name of Medication including strength (<i>one per form</i>)	Amount/Dosage to be given	Route of Administration
Frequency to be administered	Identify the symptoms that will necessitate administration of medication (signs and symptoms must be observable and, when possible, measurable parameters)	
Possible side effects (must supply package insert and/or pharmacy printout for complete list of possible side effects)	Additional side effects	
Date to be discontinued or length of time in days to be given	Date to be discontinued	

PERMISSION TO CARRY AND/OR SELF-ADMINISTER LIFE SAVING MEDICATION

This section is to be completed if a participant has a life-threatening medical condition and the healthcare provider, parent and participant agree the participant is mature and able to carry the medication and/or self-administer as needed. Prescriber please check all that apply:

- I as the Healthcare Provider, certify that this child has a medical history of **asthma** and has been trained in the use of the **prescribed medication(s)**. Staff on Duty and an OST Supervisor should be notified anytime the medication is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.
- I as the Healthcare Provider, certify that this child has a medical history of **severe allergic reactions** and has been trained in the use of the **Epi-pen**. Staff on Duty and an OST Supervisor should be notified anytime the injector is used. This child understands the hazards of sharing medications with others and has agreed to refrain from this practice.
- Self-Carry Self-Administer

Licensed Prescriber's Name (<i>printed</i>)	Signature	Date Authorized
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OST STAFF USE ONLY SECTION

Program Attending	Date Received From Parent	Date Approved
Notes		
OST Supervisor Name (<i>printed</i>)	OST Supervisor Signature	Date

CONSENT AND RELEASE FOR THE ADMINISTRATION OF EPINEPHRINE (EPI-PEN) INJECTIONS

Please review our Medication Forms and Instructions indicated in our Registration Packet to ensure all required information is completed and submitted. Incomplete and/or out dated forms will delay the approval process. If you have any questions, please call 757.385.0431.

- One form per participant and registration period (school year and summer) is required
- ALL sections under Participant, Parent/Legal Guardian Information **MUST BE COMPLETED** by a parent/legal guardian
- A Licensed Physician Signature is required if your child requires an Epi-Pen
- **A Medication Consent Form** must be completed and submitted with this form

PARTICIPANT INFORMATION		
Name		DOB
PARENT/LEGAL GUARDIAN INFORMATION		
Name	Primary Phone	Secondary Phone
Address		City & Zip
<p>Epinephrine (Epi-Pen) Injections may be given during the Out-of-School Time Programs only with a physician and parent/guardian written authorization on the Medication Consent Form.</p> <p>Virginia Beach Department of Parks and Recreation, Out-of-School Time Program staff will not administer Epinephrine unless it is a life-threatening situation and the participant is unable to self-administer the injection.</p> <p>Unless the participant has been approved by the Out-of-School Time Program staff and physician to self-carry, you must provide the Epi-Pen to the Out-of-School Time Program staff within 30 days of being notified of the approval. If the requested medication is not provided to the Out-of-School Time Program staff within 30 days of approval, the form will become null and void and the parent will be required to resubmit the form for approval.</p> <p>You understand and acknowledge that there may be certain side effects and risks associated with the administration of an Epinephrine Injection. Accordingly, you as the parent/guardian of the participant, for yourself, your child and your heirs, waive, release, and forever discharge the City of Virginia Beach, and its agents, employees, volunteers, representatives and officials of and from any and every claim, demand, action or right of action, of whatsoever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, or death resulting on account of the Epinephrine Injection administered to the participant while participating in the program.</p> <p>This consent and release shall be governed by the laws of the Commonwealth of Virginia and all the parties hereto designate the Circuit Court of the City of Virginia Beach, for purposes of all litigation as the proper venue. If any provision of this consent and release is held to be invalid by a court of competent jurisdiction in Virginia, the remainder shall, notwithstanding, continue in full legal force and effect.</p> <p>I have read and understood the provisions of this consent and release, and by signing this form, I agree to abide and be bound by all its terms and conditions.</p>		
Parent/Legal Guardian Signature		Date
LICENSED PHYSICIAN SIGNATURE <i>requires a Licensed Physician's signature certifying your child requires an Epinephrine Injection for anaphylaxis reactions</i>		
Licensed Physician Name	Signature	Date
Staff Use Only		
OST Supervisor Name (printed)	OST Supervisor Signature	Date

Revised 2/22/2019