



JCSD KIDS ZONE PROGRAM

PARENT MANUAL

2015/2016



PARKS & RECREATION DEPARTMENT

13820 Schleisman Road, Eastvale, CA

Kids Zone Parent,

This Parent Handbook is designed to help you and your child(ren) become better acquainted with the Kids Zone Program. The Kids Zone Program which has been in place since Fall 2008 is designed to provide a safe, healthy, and constructive environment for children. The program is a recreational program located at Clara Barton, Eastvale, and Rosa Parks Elementary Schools. Kids Zone offers before school, after school, Kindergarten, Minimum Day, and Off-Track component depending on the site.

It is your responsibility to discuss the Kids Zone rules and policies to your child(ren) that are enrolling in the program.

Please read the Kids Zone Parent Handbook carefully. It is full of important information on the program and what is expected of JCSD staff and your child(ren). The handbook will answer many of your questions and help your child(ren) feel more comfortable when he/she arrives at the program.

The last page of this handbook is an Acknowledgement of Receipt and Kids Zone Parent Agreement. It is required that you and your child(ren) sign the bottom portion of the page, acknowledging that you have received a copy of this Parent Handbook, and return it to JCSD prior to your child's participation in Kids Zone.

On behalf of the Kids Zone staff, we would like to welcome you and your child(ren) to our Program. Please feel free to give us a call at (951) 727-3524, if you have any questions or concerns.

JCSD Parks & Recreation Department

Table of Contents

Program Overview	4
Program Components	5
Program Fees	6
Cell phones	6
Check-in / Check-out Procedures	7
Child Abuse Mandated Reporters	7
Disciplinary Procedures	8
Emergency Cards	9
Field Trips / Excursions / Extraordinary Activities	9
Holiday Schedule	9
Late Pick Up	10
Medical Treatment / Severe Allergies	10
Medical Treatment / Severe Allergies	10
Health Exclusions	11
Natural Disasters	12
Overdue Accounts	12
Personal Property	13
Program Rules	14
Program Waitlist	14
Refunds	14
Snack	14
Visitation Policy	14
Walkers and Bike Riders	14
Helpful Suggestions	15
Kids Zone Contact Information	16
Acknowledgement & Kids Zone Parent Agreement	17
Appendix A: Policy for Administering Emergency Treatment to Children With Severe Allergies	18

KIDS ZONE RECREATION PROGRAM OVERVIEW

The Jurupa Community Services District (JCSD) Parks Department offers a Kids Zone recreation program to children in Kindergarten through sixth grades at Clara Barton, Eastvale, and Rosa Parks Elementary Schools. This program provides a variety of recreational activities for children enrolled in the program. The Program offerings vary at each site and include any combination of the following components: Before School, After School, Kindergarten, Minimum Day, and Off Track.

The main goal at Kids Zone is to provide a safe, healthy, and constructive environment for the participants. Staff is responsible for continuously working to encourage positive socialization skills between the participants and to stress the importance of respect for oneself, their peers, and others. Program activities include homework time, arts and crafts, sports, games, special events, and more. The Kids Zone program also strives to promote fun physical activity.

A typical Monday – Friday schedule includes the following activities: homework time, organized games, crafts, and special activities. If time permits, structured free play is scheduled.

PROGRAM COMPONENTS

- **Before School:** Children may arrive no earlier than 7:00 a.m. Upon arrival, the parent or guardian is required to sign their child(ren) into the program. Children participating in the Kids Zone Before School program component will be released at the appropriate time from JCSD to the school to eat breakfast (brought from home or purchased from the school) and proceed to their classroom.
- **After School:** This component runs Monday through Friday (including minimum days and early release days). Children may arrive when school ends. Children must be checked in each day with staff at the designated Kids Zone location. Children must be signed out by an authorized person (listed on the emergency contact card) by the designated program end time (6:10 p.m. at Clara Barton and 6:30 p.m. at Eastvale and Rosa Parks).
- **Kindergarten Before School, After School and Partial:** Children attending the Kindergarten Before School program may arrive at 7:00 a.m. Children attending the Kindergarten A.M. or P.M. program are walked to their classrooms. After school, children in the Kindergarten program are picked up by a staff person and walked to the Kids Zone program. If enrolled for the Kindergarten Partial program, children must be signed out by an authorized person (listed on the emergency contact card) by the designated program end time (2:10pm at Clara Barton and 2:50pm at Rosa Parks). If attending Kindergarten After School, children must be signed out by an authorized person (listed on the emergency contact card) by the designated program end time (6:10pm at Clara Barton and 6:30pm at Rosa Parks).
- **Minimum Days:** Children may arrive when school ends. Children must be checked in each day with staff at the designated Kids Zone location. Children must be signed out by an authorized person (listed on the emergency contact card) by the designated program end time (6:10 p.m. at Clara Barton and 6:30 p.m. at Eastvale and Rosa Parks).
- **Off Track:** Children attending the Off Track program may arrive at 7:00 a.m. Upon arrival, the authorized person (listed on the emergency card) is required to sign the child(ren) into the program. Children should bring a sack lunch to the program as school sites do not provide lunches for Off-Track participants. Children must be signed out by an authorized person by the designated program end time (6:10 p.m. at Clara Barton and 6:30 p.m. at Eastvale and Rosa Parks).

Children must be pre-registered in order to attend the Kids Zone Program.

Registration is available online at www.parks.jcsd.us or at the Eastvale Community Center, 13820 Schleisman Road, Eastvale, CA. Parents must sign and return a consent form on the back of their parent handbook before their child(ren) can participate in the program. JCSD does not want to turn away any children, unfortunately, insurance requirements mandate pre-registration. Please ensure that children are registered **at least 24 hours in advance**. If any child is not registered for the program, the parent/guardian will be called to pick them up.

Once your child is initially registered in our Kids Zone Program, we suggest you and your child come by the site a day or two before your child attends to see the location and meet the JCSD staff.

PROGRAM FEES

Both weekly and daily fees are available for the Kids Zone program. There is a slight discount for weekly fees. Please refer to the JCSD website (www.jcsd.us) for updated program fees.

CELL PHONES

The school policy regarding cell phones will be followed by the Kids Zone program. Any child having a cell phone in his/her possession will be asked to keep it in his/her backpack. The child will only be allowed to check his/her phone in the presence of a staff member and only when it is not disruptive to the program.

No child is allowed to use a cell phone without direct supervision. Only the owner of the cell phone is allowed to handle it. Staff will confiscate any cell phone used inappropriately until the parent arrives at the site.

CHECK-IN/ CHECK-OUT PROCEDURES:

- Before School, Kindergarten, and Off Track programs: Parents, guardians, or authorized individuals are required to sign their child(ren) into the program daily. Children are released from the Before School program to the school to eat breakfast (brought from home or purchased from the school) and proceed to their classrooms. Participants enrolled in the Kindergarten program are walked to their Kindergarten classrooms.
- After School, Minimum Day, and Early Release programs: It is the responsibility of the participant to come to the designated Kids Zone area immediately following school dismissal. (Kindergartners enrolled in the Kindergarten Program will be picked up at their Kindergarten class.) Parents are required to sign their child(ren) out of the program daily.
- It is the responsibility of the parent to make sure that their child(ren) understands the check-in/check-out procedure.
- Participants can ONLY be released to a parent, guardian, or other authorized person listed on the emergency card. Be prepared to show photo ID, it may be required. This is a safety precaution if staff is unfamiliar with the person picking up the participant. Refusal to sign-out may result in consequences, including suspension from the program. A child will NOT be released to anyone not listed on the emergency card.

Daily attendance (sign-in) sheets are kept on a clipboard at each site. The clipboard is with the Senior Recreation Leader during program activities.

CHILD ABUSE MANDATED REPORTERS

JCSD staff are **mandated reporters** of suspected child abuse. Existing law requires a mandated reporter to report whenever he/she, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a child whom he/she knows or reasonably suspects has been the victim of child abuse or neglect. If such abuse or neglect is suspected, JCSD staff will notify the Riverside County Sheriff's Department and file a report with Child Protective Services.

DISCIPLINARY PROCEDURES

In order to maintain a safe program, it is imperative that the program rules be followed. The following is a list of discipline procedures which will be implemented if a child does not follow the Kids Zone Program rules. All offenses will be dealt with immediately and parents will be notified. Any child who does not follow the Kids Zone program rules is subject to the following procedure:

Minor Offenses:

Minor Offenses include grabbing, kicking, verbal arguments, disobeying or disrespecting staff, enticing others to negative behavior, and going out of bounds. Staff will implement disciplinary procedures.

1. Time-out: Senior leaders will remove a child from the program activities for a short period of time.
2. Sitting-out: If a child does not respond to a time-out, the child will be removed from all program activities until his/her parent picks him/her up from the program. The parents will be called to inform them of the situation.
3. If behavior does not improve, parents will be called to pick-up the child immediately. The child will not be allowed to finish out the day at the program and the program fees will not be refunded.
4. If a child is continually asked to sit out during participation in the program, the issue becomes a major offense and will be handled as such.

Major Offenses:

Major offenses include bullying, fighting, punching, or any aggressive behavior with the intent to harm others. It also include blatant disobedience, defacing school or JCSD property, racial slurs, foul language or gestures, or leaving the designated area without permission. Any participant possessing, stating, or implying possession of any firearm, knife, explosive, or other dangerous object considered to be a weapon, or intentionally engaging in harassment, threats, or intimidation directed against another child, staff member, or school personnel also constitutes a major offense. Any child that continually falls under the minor offense category constitutes a major offense (in line with #4 above).

Any child who commits a major offense is subject to an immediate suspension from the program for a time period determined by the Recreation Supervisor. A parent will be contacted to pick the child up immediately. A meeting will be set up with the parent to discuss the situation further and determine what issues need to be addressed before the participant is allowed back into the program, if at all.

Please keep in mind that these policies are necessary for us to provide a safe environment for your child(ren). Continual disregard for these policies will result in removal from the Kids Zone Program. Please take the time to discuss these policies with your child(ren).

Participation in the Kids Zone program is not a right; it is a privilege.

EMERGENCY CARDS

Emergency cards for all participants are kept on file at each Kids Zone site. Please keep your online account updated, as well as our office and onsite staff informed of any changes in your address, home/work/cell phone numbers, or authorized individuals to pick your child(ren) up.

FIELD TRIPS / EXCURSIONS / EXTRAORDINARY ACTIVITIES

Parent Permission Slips are required for any of the following activities:

- Any off-site trip: or
- An activity that involves a fee or liability risk.

Each child must have a signed permission slip prior to participation in the activity. All permission slips must be turned in to the staff on site by the published deadline. Permission slips will be sent home with your child(ren) when an activity is planned.

KIDS ZONE WILL NOT BE IN SESSION ON THESE DAYS:

- Thanksgiving Holiday (Thursday & Friday)
- Christmas Eve
- Christmas Holiday
- New Year's Day
- Memorial Day
- Independence Day
- Labor Day

LATE PICK UP

Please become VERY familiar with this policy!!

Any participant remaining at the program more than five (5) minutes after closing time will be charged a \$5 late fee. \$5 late fees will be applied for each 10 minutes (or increment thereof) for which they remain at the program. For example, if a program ends at 6:30pm and the child is not picked up until 6:50pm, the account will be charged \$10. Participants will not be allowed to return to the program until the late fees are paid.

Three late pick-ups within a four week period will result in suspension from the program.

MEDICAL TREATMENT/SEVERE ALLERGIES

Children with severe allergies, such as allergies to bee stings, peanut products, etc., may be at risk of a serious allergic reaction in a child care setting due to contact with or ingestion of the allergen. Contact with these allergens may result in anaphylaxis, a severe allergic reaction with symptoms that may include swelling of the face and lips, hives, vomiting, diarrhea, shortness of breath, and difficulty breathing. Ultimately, anaphylaxis may cause a fall in blood pressure, unconsciousness, and death.

The Jurupa Community Services District is concerned for the health and safety of all children in our care. Accordingly, the Parks Department has developed a policy for administering emergency treatment to children with severe allergies. A copy of the policy is attached to this manual.

HEALTH EXCLUSIONS

Certain symptoms in children may suggest the presence of a communicable disease. Children who have the following symptoms should be excluded from the child care setting until 1) a physician has certified the symptoms are not associated with an infectious agent or they are no longer a threat to the health of other children at the center, or 2) the symptoms have subsided for 48 hours or the treatment has started, using the following suggestions.

If your child develops:	Then keep him/her home until:
FEVER - A temperature of 100 Fahrenheit or higher, before fever reducing medication is given.	The fever is normal for 48 hours without fever reducing medication.
RESPIRATORY SYMPTOMS - Difficult or rapid breathing or severe coughing that is constant and prevents the child from participating in activities.	Coughing, breathing difficulties and/or other symptoms no longer affect normal activity.
VOMITING - Vomited two or more times OR any vomiting if it is accompanied by other symptoms such as fever, behavioral changes, abdominal pain, or diarrhea.	48 hours after vomiting has stopped.
DIARRHEA - An increased number of abnormally loose stools in the previous 24 hours. Observe the child for other symptoms.	48 hours after the last loose stool.
RASH or SKIN PROBLEMS -	Rash disappears or is diagnosed as not contagious. Impetigo - 48 hours after treatment begins and lesions are dry or can be covered with bandages. Scabies - 48 hours after treatment begins. Chicken Pox - until blisters have dried into scabs, about 6 - 10 days after onset. Ringworm - 48 hours after treatment begins.
CONJUNCTIVITIS (Pinkeye) - Tears, redness of eyelid lining, irritation followed by swelling and discharge of pus.	48 hours after treatment begins.
HEAD LICE -	First treatment is completed, no live lice are seen, and you have removed ALL nits (eggs).
STREP THROAT / SCARLET FEVER -	48 hours after treatment begins AND child is without fever.
GENERAL LETHARGY - When a child is not able to participate in activities with reasonable comfort and requires more care than the program staff can provide without compromising the health and safety of other children.	Condition improves.

HAND-FOOT-AND MOUTH-

A mild but highly contagious viral infection common in preschool children. Hand-Foot-and-Mouth disease is characterized by sores in the mouth and a rash on the hands and feet. It spreads from person to person, usually through unwashed hands or contaminated surfaces. The most common cause of Hand-Foot-and-Mouth disease is coxsackievirus infection.

Signs and symptoms

The signs and symptoms of Hand-foot-and-mouth disease include: fever, sore throat, painful red blister-like lesions on the tongue, mouth, palms of the hands or soles of the feet, headache, fatigue and irritability in infants and toddlers.

The usual period from initial infection to the onset of signs and symptoms (incubation period) is three to seven days. Fever is often the first sign of Hand-Foot-and-Mouth disease, followed by a sore throat and sometimes a poor appetite and the feeling of being sick (malaise). One or two days after fever begins, painful sores may develop in the mouth or throat. Rash on the hands and feet can follow within one or two days, and may also appear on the buttocks. Hand-Foot-and-Mouth disease may cause all of the described signs and symptoms, or just a few of them.

NATURAL DISASTERS

At the onset of a natural disaster, the School and JCSD will enact their Emergency Disaster Plan. Staff at the Kids Zone locations will make every effort to inform parents through signs, posters, flyers, etc. as to the whereabouts of the children. All children will be supervised until they are picked-up. As is our normal procedure we will only allow your child(ren) to be released to you or your pre-approved emergency contacts.

We hope that we never have to enact this procedure, but it is available, if necessary.

OVERDUE ACCOUNTS

Due to the nature of our registration system, overdue accounts should not occur. However, there are unforeseen circumstances when accounts may need to be used. A courtesy reminder will be issued if your Family Account is not taken care of at the end of the work day. The term "Family Account" refers to all children enrolled in the Kids Zone program who are under your supervision or live in your home. Any account with payments due will be put on hold and no additional registrations will be allowed until payment is made.

Please note that if your Kids Zone family account is not paid in full at the end of the working day in which it was used, your child(ren) will be suspended from the program, until your overdue Kids Zone account is paid in full.

PERSONAL PROPERTY

JCSD Parks and Recreation employees cannot be held responsible for personal items (Please clearly label all belongings). Kids Zone participants must adhere to all school rules and policies pertaining to personal property. Anything that is not allowed at school should not be brought to Kids Zone.

The following are examples of these items:

- Toys of any kind (including Hot Wheels Cars)
- Electronic devices (iPods, Gameboys, etc)
- Collector cards and items (I.E.- Yu-gi-o cards, etc)
- Inappropriate magazines, books, or pictures
- Gum
- Balls and sports equipment

PROGRAM RULES

All participants in the Kids Zone Program are required to follow program rules. Your encouragement to communicate the importance of the rules listed below is appreciated. These rules include:

- Participants must be signed in by a parent or guardian to the Before School and Off Track programs.
- Participants are checked into the After School Program by program staff. Participants must be signed out of the program by a parent or guardian as listed on the emergency card. A photo ID may be required.
- If a participant is not enrolled in the Kids Zone Program, staff will contact the parents to let them know that the child is not enrolled and allow them time to go online, register the child and make the payment. If the participant is not registered and the fees aren't paid, the child may not be able to remain in the program. Participants NOT registered and NOT enrolled in the program may NOT stay at the program – insurance requirements mandate that participants be registered to attend.
- Physical violence, intimidating behavior, name calling, foul language and other inappropriate behaviors will not be tolerated at the Kids Zone Program.
- Participants must stay with the Kids Zone group at all times.
- Participants are only allowed to leave the premises when signed out by a parent/guardian or authorized individual listed on the emergency card/consent form.
- Participant(s) must adhere to all school rules and policies. The use of alcohol, tobacco, drugs, and weapons is prohibited.

In order to participate in the program, each participant is required to have the following forms signed by the parent/guardian and returned to the program:

- Emergency Card/Consent Form

- Acknowledgement of Parent Handbook

PROGRAM WAITLIST

On occasion, a Kids Zone Program will reach maximum capacity. Therefore, we encourage you to register for the program early. In the unfortunate event that this does occur, a parent may register a child to be on the waitlist. When a waitlist is activated, the children on the waitlist that attend school at the site will have priority registration over those that do not attend the school, as space becomes available.

REFUNDS

We require **no less than 24 hours notice** of a refund request in order to issue any refunds. This prior notice allows us to meet our required staffing ratios, and ensure the total amount of program materials are purchased and available. Please contact the Parks and Recreation office at (951) 727-3524 to make this request.

SNACK

A snack is provided every day. We try to keep a variety of nutritious items available. Please feel free to pack your own snacks, if you prefer.

VISITATION POLICY

Parents/guardians are welcome to visit Kids Zone sites during program operational hours. The Kids Zone Staff will attempt to make him/herself available to answer any and all questions. Please remember that the children are under the supervision of the Kids Zone Staff at all times. The supervision and ratio must be maintained, therefore, any complaints and/or lengthy conversations should occur outside of program hours and directed to the Senior Recreation Leader or Recreation Coordinator.

WALKERS AND BIKE RIDERS

Our policy for children who walk or ride their bike is as follows:

- Parental permission must be noted on their emergency card.
- Participants will be required to sign themselves in/out.
- Participants will be released at the time noted on their emergency card.
- No child will be allowed to walk/ride in the dark. To ensure this, no child will be released after sunset.

HELPFUL SUGGESTIONS FOR KIDS ZONE PARTICIPANTS

Kids Zone staff strive to make all participants feel safe while at the program. The After School component of Kids Zone is designed to be **primarily** an outdoor program with the intent to expose participants to recreational activities, sports, and games. The following are a few suggestions to help you and your child(ren) enjoy Kids Zone.



All Kids Zone participants are encouraged to bring¹:

- ✓ Water bottle
- ✓ Breakfast or money to buy breakfast for the Before School component.
- ✓ An extra snack if needed (one is provided) – for the After School component only.
- ✓ Homework and notebook to write on
- ✓ Close toed shoes, so they can run, jump, and play!
- ✓ Lightweight jacket for cool early mornings and late afternoons
- ✓ Fun Attitude

1

During the summer months we suggest that you send the following items with your child¹:

- ✓ Bottle of Water
- ✓ Sunscreen (to be used as needed)
- ✓ Hat with a brim or a visor

Please label all items with your child's name.

Kids Zone Contact Information

JCSD

13820 Schleisman Road
Eastvale, CA 92880
(951) 727-3524
(951) 727-3506 fax
www.jcsd.us/registration
E-mail: parks@jcsd.us

Clara Barton Elementary School

7437 Corona Valley Parkway
Eastvale, CA 92880

- Before School Program
- After School Program
- Kinder AM/PM Program
- Minimum Day Program
- Off Track Program

All programs meet at the Kids Zone building next to the bus ramp.

Rosa Parks Elementary School

13830 Whispering Hills Drive
Eastvale, CA 92880

- Before School Program
- After School Program
- Kinder AM/PM Program
- Minimum Day Program
- Off Track Program

All programs meet at the Kids Zone building next to the bus ramp.

Eastvale Elementary School

13031 Orange Street
Eastvale, CA 92880

- After School Program
- Minimum Day Program

All programs meet at the kindergarten area.

Acknowledgement of Receipt and Kids Zone Parent Agreement

I have received a copy of the JCSD Parks and Recreation Kids Zone Parent Handbook. By signing below, I attest that I have read these policies, procedures, suggestions, and other important information and agree to follow them.

Furthermore, I understand that it is my responsibility to explain the rules and policies to my child(ren) enrolled in the Kids Zone Program so that they are aware of their importance. I also understand that it is my responsibility to complete the Policy for Administering Emergency Treatment, if necessary for my child(ren).

Kids Zone Location

Date

Parent Name – printed

Parent's Signature

#1 Participant's Name – printed

#1 Participant's Signature

#2 Participant's Name – printed

#2 Participant's Signature

#3 Participant's Name – printed

#3 Participant's Signature

JURUPA COMMUNITY SERVICES DISTRICT

PARKS DEPARTMENT

POLICY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES

Children with severe allergies, such as allergies to bee stings, peanut products, etc., may be at risk of a serious allergic reaction while participating in Jurupa Community Services District (JCSD) Parks Department programs and activities due to contact with or ingestion of the allergen. Contact with these allergens may result in anaphylaxis, a severe allergic reaction with symptoms that may include, swelling of the face and lips, hives, vomiting, diarrhea, shortness of breath, and difficulty breathing. Ultimately, anaphylaxis may cause a drop in blood pressure, unconsciousness, and death. The JCSD is concerned for the health and safety of all children participating in its programs and activities. Accordingly, when an enrolling/enrolled child has a severe, life-threatening allergy, the following is required:

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

1. A signed copy of the Jurupa Community Services District Parks Department's "Authorization for Emergency Care for Children with Severe Allergies" (Authorization Form). This form must be filled out completely by the child's physician and Parent(s)/Guardian(s), and must be updated every six months, or more frequently, as needed. The Authorization Form is designed to provide District staff and volunteers with the information necessary to ensure proper preventative measures and an effective response to a serious allergic reaction. In addition, the Parent(s)/Guardian(s) shall provide a copy of any other physician's orders and procedural guidelines relating to the prevention and treatment of the child's allergy.
2. A signed copy of the Jurupa Community Services District Parks Department's "Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies" (Waiver). The Waiver releases the District, its employees, and volunteers from liability for administering treatment to children with severe allergies (including the administration of epinephrine) and taking any other necessary actions set forth in the Authorization Form, provided that the District, its employees and volunteers exercise reasonable care in taking such actions. The Waiver further releases the District from liability for any failure to identify symptoms of an allergic reaction in their child. The Waiver further requires the Parent(s)/Guardian(s) to acknowledge that any treatment administered will not be provided by medical professionals, and that District employees and volunteers have not received any formal medical training for administering medication or identifying the symptoms of an allergic reaction. The Waiver will also

acknowledge that the District cannot provide constant monitoring of the child for the purposes of identifying symptoms of an allergic reaction.

3. All equipment and medications needed by the District, its employees, and volunteers to comply with the instructions set forth in the Authorization Form (including, but not limited to, a device such as the EpiPen, Jr.) will be supplied by the Parent(s)/Guardian(s). The Parent(s)/Guardian(s) is/are responsible for ensuring that all medication is properly labeled by a pharmacist and replaced prior to the expiration date and all equipment is in proper working order.

PROCEDURES FOR EMERGENCY TREATMENT:

If a child enrolled in a JCSD Parks Department class or program has severe allergies, the following steps shall be implemented:

1. Prior to the child's first day of attendance, the Parent(s)/Guardian(s), or their designee(s), is responsible for training selected members of the District staff and/or volunteers on the nature of the child's allergy(ies), including: (i) the events/substances that may trigger allergic reaction (e.g. bee sting, consumption of peanuts or products containing peanuts, etc.); (ii) with respect to food allergies, limitations on the child's food consumption; (iii) symptoms of an allergic reaction; and (iv) when and how to administer treatment for an allergic reaction, including, where appropriate, the procedure for administering epinephrine through an EpiPen, Jr. or similar device.
2. Whenever possible, at least two (2) members of the District staff and/or volunteers will attend the training provided by the Parent(s)/Guardian(s)/Designee(s). Upon completion of the training, the District staff and/or volunteers shall complete and sign the Allergy Emergency Treatment Training Acknowledgement.
3. Training shall be repeated, as needed, which may be every six months or when fifty percent (50%) of the District staff and/or volunteers has turned over, whichever occurs first.
4. The District will make all reasonable efforts to have at least (1) trained District staff member and/or volunteer present at all times the child is present at the class or program, however, it is not possible for the District to guarantee that a trained staff member or volunteer will be present at all times.
5. Medication kept at a JCSD site shall be stored in a secure area, accessible only by trained staff or other designated District employees or volunteers. During field trips, a trained member of the staff, or other designated employee or volunteers shall be designated to carry any required medication.

6. Warning signs alerting staff of the child's particular allergy shall be posted in the child's classroom or other location of the activity, where possible, and on attendance sheets.

STEPS FOR TREATING AN ALLERGIC REACTION:

All allergic reactions should be treated in accordance with the instructions provided by the child's physician in the Authorization Form. In the event of any conflict between this policy document and the instructions set forth in the Authorization Form, the instructions in the Authorization Form must be followed. If the child is exposed to or ingests the allergen, or shows one or more of the following signs and symptoms of an allergic reaction, including swelling of the lips and face, hives, vomiting, diarrhea, shortness of breath, and difficulty breathing, the District will make all reasonable efforts to follow these steps:

1. A designated staff member or volunteer calls the area's emergency personnel number (e.g. 911), unless stated otherwise in the Authorization Form, and the Parent(s)/Guardian(s) immediately.
2. A trained staff member administers medication (such as Benadryl Elixir or the EpiPen, Jr.) as instructed in the Authorization Form. In emergency situations when a trained District staff member and/or volunteer is not present, a designated staff member or volunteer may administer medication as instructed on the Authorization Form. Unless otherwise indicated on the Authorization Form, these medications should be administered immediately. If a child is exposed to (e.g. bee stings) or ingests (e.g. peanuts) a known allergen, do not wait to administer medication until the child shows the signs of an allergic reaction, unless the Authorization Form states otherwise. If a child exhibits symptoms of an allergic reaction, do not wait to see whether his or her symptoms worsen. **Note: The emergency personnel number (e.g. 911) must be called in addition to giving medication such as the EpiPen, Jr. because the medication only works for approximately fifteen (15) minutes.**
3. Under no circumstances may any JCSD staff member or volunteer administer any medication, including the EpiPen, Jr., until: (i) the child has been identified as subject to anaphylactic reaction; (ii) all the required medical information and Authorization, Waiver and Release forms have been provided by the Parent(s)/Guardian(s); and (iii) the initial training from the Parent(s)/Guardian(s) to District staff and/or volunteers has been completed.
4. If epinephrine is prescribed, only pre-measured doses of epinephrine (such as contained in the EpiPen, Jr.) may be given by District staff and/or volunteers.

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
AUTHORIZATION FOR EMERGENCY CARE
OF CHILDREN WITH SEVERE ALLERGIES**

Dear Doctor: _____ Date: _____

Your patient, _____ is enrolled/enrolling in one of our District programs and we have been requested to provide certain emergency care for the prevention of anaphylaxis in the event the child comes into contact with a certain allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the child's file at the Jurupa Community Services District so we may assist with the allergy care and needs of our enrollee and your patient. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become part of this record and will be kept with this form in the child's file.

PART I (to be completed by physician)

Child's Name: _____ Child's Birth Date: _____

Allergens:

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction (i.e., anaphylactic shock) in the child.

- _____ Bee Sting
- _____ Other Insect Bite(s) (Please Identify): _____
- _____ Animal Fur (Please Identify): _____
- _____ Food Allergy (Identify all foods that must be avoided): _____
- _____ Other (specify): _____

Symptoms

Please provide a complete list of all symptoms that indicate that the child has come into contact with an allergen and that he or she requires emergency treatment.

- _____ Shortness of Breath or Difficulty in Breathing
- _____ Swelling of the Face or Lips
- _____ Hives
- _____ Vomiting
- _____ Diarrhea
- _____ Other (explain): _____
- _____ Do NOT administer medication in the absence of known exposure to allergen (explain): _____

Procedures

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

- _____ Give Benadryl Elixir, ____ ml orally.
- _____ Administer EpiPen, Jr. or _____
- _____ Call the area's emergency medical personnel (e.g. 911)
- _____ Call Parent(s)/Guardian(s), and the child's physician.
- _____ Other (explain): _____

Recreational Activities

1. The child may participate in indoor recreational activities. [] Yes
[] No
2. The child may participate in outdoor recreational activities. [] Yes [] No
3. Activity restrictions: [] None [] Some Restrictions (explain):

Child's Physician

Name: _____
Address: _____
Telephone No.: _____
Emergency Contact No.: _____
Signature: _____ Date: _____

PART II (to be completed by Parent(s)/Guardian(s))

Parent(s)/Guardian(s)

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

Name: _____

Address: _____

Telephone No.: _____

Emergency Contact No.: _____

By signing this form, I/We authorize the Jurupa Community Services District staff and/or volunteers to follow the above instructions from my/our child's physician in the Authorization Form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

Signature: _____

Parent/Guardian

Date: _____

Signature: _____

Parent/Guardian

Date: _____

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (herein, referred to as the "Release") made this ____ day of _____, 20____, by and between the Jurupa Community Services District (JCSD) and _____ [Parent(s)/Guardian(s)] residing at _____ (address), who are the Parent(s)/Guardian(s) of _____ (child's name and date of birth);

WHEREAS, the JCSD Parks Department provides youth programs at numerous facilities and the Parent(s)/Guardian(s) has enrolled _____ (child's name) in a District program;

WHEREAS, the JCSD Parks Department has been requested by the Parent(s)/Guardian(s) to administer emergency treatment (including, the administration of epinephrine) to the child during certain emergency situations when the child has come into contact with an allergen and is in danger of anaphylaxis, as prescribed by the child's physician in writing on the child's "Authorization For Emergency Care of Children with Severe Allergies," all in accordance with and subject to the District's policy for administering emergency treatment to children with severe allergies.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Guardian(s) hereby acknowledges that the treatment administered will not be provided by medical professionals, and that District employees and volunteers have not received any formal medical training for administering medication or any other medical treatment to children suffering from severe allergies and/or anaphylaxis. Parent(s)/Guardian(s) further acknowledges that the only training District employees and volunteers may receive for administering medication or other medical treatment to his/her child is the training provided by Parent(s)/Guardian(s).
2. Parent(s)/Guardian(s) hereby acknowledges that District employees and volunteers have not received any formal medical training for identifying the symptoms of an allergic reaction or anaphylaxis.
3. Parent(s)/Guardian(s) hereby acknowledges that while the District will make all reasonable efforts to have at least one of the employees or volunteers trained by the Parent(s)/Guardian(s) to administer medication or

other medical treatment to the child, available at all time, the District cannot guarantee that the staff members or volunteers will be present at all times.

4. Parent(s)/Guardian(s) hereby acknowledges that in emergency situations where District staff and/or volunteers which have been trained by Parent(s)/Guardian(s) to administer medication to the child in the event of an allergic reaction are not present and the child has an allergic reaction, medication or other medical treatment may be administered by other District employees or volunteers.

5. Parent(s)/Guardian(s) hereby releases and forever discharges the JCSD and its employees, volunteers or agents from any and all liability arising in law or equity as a result of the JCSD's employees, volunteers or agents administering epinephrine and/or any other medication provided by the Parent(s)/Guardian(s) or providing any other medical treatment or emergency care, as prescribed by the child's physician, as set forth in the "Authorization for Emergency Care of Children with Severe Allergies," provided that the JCSD has used reasonable care in administering epinephrine and/or any other medication or other medical treatment or emergency care in accordance with the Authorization.

6. Parent(s)/Guardian(s) hereby releases and forever discharges the JCSD and its employees, volunteers or agents from any and all liability arising in law or equity as a result of the JCSD employees or agents failing to identify or misidentifying symptoms of an allergic reaction described by the child's physician in the "Authorization for Emergency Care of Children with Severe Allergies," provided that the JCSD has used reasonable care.

7. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including, any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matter discussed herein.

8. If one or more of the provisions of this Release shall, for any reason, be held invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT**

By: _____
Name: _____
Title: _____
Date: _____

PARENT(S) OR GUARDIAN(S)

By: _____
Name: _____
Relationship: _____
Date: _____

By: _____
Name: _____
Relationship: _____
Date: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT**

**ALLERGY TREATMENT
TRAINING ACKNOWLEDGEMENT**

I, _____, have been trained by
_____ (Parent(s)/Guardian(s)/Designee(s)) to administer
Epinephrine and/or to provide other emergency care to
_____ (Child's Name), a child registered in a Jurupa
Community Services District (JCSD)_program, in the event the child has been exposed
to or ingests _____ and is at risk of an anaphylactic reaction, or if the
child exhibits the symptoms described in the "Authorization For Emergency Care of
Children with Severe Allergies," which is attached to and made a part of this
Acknowledgement.

District Staff Signature: _____

Date of Training: _____

Parent(s)/Guardian(s) Signature: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
ACKNOWLEDGEMENT OF RECEIPT OF POLICY
FOR ADMINISTERING EMERGENCY TREATMENT
TO CHILDREN WITH SEVERE ALLERGIES**

I acknowledge that I have received a copy of the Jurupa Community Services District Parks Department's Policy for Administering Emergency Treatment to Children with Severe Allergies.

Parent (s)/Guardian(s) Signature: _____

Date: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
POLICY FOR TESTING BLOOD GLUCOSE LEVELS**

Children with insulin-dependent diabetes generally require monitoring of their blood glucose levels. Accordingly, where an enrolling/enrolled child has insulin-dependent diabetes, the following is required:

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

1. A signed copy of the Jurupa Community Service District (JCSD) Parks Department's "Authorization for Care of Children with Insulin-Dependent Diabetes" (Authorization Form). This form must be filled out completely by the child's physician and Parent(s)/Guardian(s), and must be updated every six months, or more frequently, as needed. The Authorization Form is designed to provide the JCSD with the information necessary to ensure its effective care of children with insulin-dependent diabetes. In addition, the Parent(s)/Guardian(s) shall provide a copy of any other physician's orders and procedural guidelines relating to District staff's and/or volunteer's care of the child's diabetes.
2. A signed copy of the District's "Release and Waiver of Liability for Testing of Children with Insulin Dependent Diabetes" (Waiver). The Waiver releases the JCSD and its employees and volunteers from liability for administering the blood glucose test and taking any other necessary actions set forth in the Authorization Form, provided that the JCSD and its employees and volunteers exercise reasonable care in taking such actions. The Waiver further releases the District from liability for any failure to identify symptoms of hypoglycemia or hyperglycemia in their child. The Waiver further requires the Parent(s)/Guardian(s) to acknowledge that any treatment administered will not be provided by medical professionals, and that District employees and volunteers have not received any formal medical training for administering blood glucose testing, medication or identifying the symptoms of an hypoglycemia or hyperglycemia . The Waiver will also acknowledge that the District cannot provide constant monitoring of the child for the purposes of identifying symptoms of hyperglycemia and hypoglycemia (too high or too low blood sugar levels).
3. All supplemental foods and equipment necessary for the testing, including, a log book in which to record the test results and a sharps container. The Parent(s)/Guardian(s) is responsible for the maintenance of materials and equipment, including, ensuring that the blood glucose meter is in good working order.

The District is not responsible for any damage or loss of equipment provided reasonable care is exercised in storing and using these items.

**PARENT(S)/GUARDIAN(S) MUST SELECT ONE OR MORE OF THE FOLLOWING
FOUR OPTIONS FOR BLOOD GLUCOSE TESTING:**

1. The child may test him/herself, if old enough and authorized by the Parent(s)/Guardian(s) on the "Authorization for Care of Children with Insulin-Dependent Diabetes" (Authorization Form);
2. The Parent(s)/Guardian(s) may come to the District facilities to perform the test;
3. The Parent(s)/Guardian(s) may arrange for a third party to come to the District facility and perform the test; or
4. District staff and/or volunteers will perform the blood glucose test and take those steps needed to regulate the child's blood glucose as authorized by the Parent(s)/Guardian(s) on the Authorization Form.

If any option other than number 4 is selected, designated District staff and/or volunteers will provide assistance to the child, the Parent(s)/Guardian(s) or the third party (e.g. in recording the test results and/or the disposal of testing equipment, including, but not limited to, sharps).

PROCEDURES FOR BLOOD GLUCOSE TESTING

If the Parent(s)/Guardian(s) elects to have District staff and/or volunteers perform the Blood Glucose Testing, the following steps must be implemented.

1. Prior to the child's first day of attendance, the Parent(s)/Guardian(s)/Designee(s) is responsible for training selected members of the District staff and/or volunteers to administer the Blood Glucose Test and, in the event that the child's blood sugar level is too high or too low, to take the appropriate steps, as set forth in the Authorization Form. In addition, all members of assigned District staff and/or volunteers will be trained to recognize symptoms of high or low blood sugar and to take the appropriate steps for treating the child, as set forth in the Authorization Form.
2. Whenever possible, at least two (2) members of the District staff and/or volunteers will attend the training provided by the Parent(s)/Guardian(s)/Designee(s). Upon completion of the training, the District staff and/or volunteers shall complete and sign the Blood Glucose Testing Training Acknowledgement.
3. Training shall be repeated every six months, as needed, which may be or when fifty percent (50%) of the staff and/or volunteers has turned over, whichever occurs first.
4. The District will make all reasonable efforts to have at least one (1) staff member or volunteer, trained to perform the Blood Glucose Test, at all times

the child is present in the class or program, however, it is not possible for the District to guarantee that a trained staff member or volunteer will be present at all times.

5. Testing equipment and used sharps shall be stored in a secure area accessible only by trained staff or other designated District employees or volunteers. During field trips, a trained member of the staff or other designated employee or volunteer shall be designated to carry any required testing equipment and food.

6. Warning signs alerting staff and/or volunteers of the child's diabetes and dietary restrictions shall be posted in the child's classroom or other location of the activity, where possible.

STEPS FOR PERFORMING BLOOD GLUCOSE TESTING AND PROVIDING APPROPRIATE FOLLOW-UP CARE:

Unless otherwise indicated on the Authorization form, blood glucose testing is performed at any time the child exhibits signs or symptoms of hyperglycemia or hypoglycemia. Signs and symptoms of hyperglycemia and hypoglycemia are listed on the attached charts. In addition, each building will be provided with a chart containing this information to be posted for staff and/or volunteer awareness.

1. The designated staff member(s) or volunteers will collect all necessary equipment/supplies for testing.
2. The child is instructed to wash his/her hands with soap and water.
3. The staff member or volunteer will wash his/her hands with soap and water and apply gloves prior to doing the testing, in accordance with OSHA requirements.
4. The child's finger will be shallowly pricked with the supplied sharps device, using caution to prick the sides of the finger. District staff or volunteers will use a different finger each day for the testing unless otherwise indicated on the Authorization Form.
5. A drop of blood will be placed on the strip and/or otherwise placed onto the meter for reading.
6. When the blood glucose test is complete, the child's finger will be covered with an adhesive bandage, and the meter and sharps device returned to the designated container. When the Parent(s)/Guardian(s) is notified that the sharps container is full, the Parent(s)/Guardian(s) will remove the container and dispose of any used sharps in the appropriate manner. **Under no circumstance are sharps to be disposed of at a District facility.**
7. The blood glucose level (number) will be entered in a log provided by the Parent(s)/Guardian(s) and the appropriate actions will be taken as set out in the Authorization Form. **If the blood glucose level (number) falls outside the target range specified in the Authorization Form, the appropriate**

actions will be taken and then the Parent(s)/Guardian(s) will be called and advised of the blood glucose number and actions taken. [Note: Parent(s)/Guardian(s) are responsible for providing a contact number where they can be reached when necessary.] In the interim, if the child becomes lethargic, dizzy, or feels faint, District staff or volunteers will call the area's emergency personnel number (e.g. 911) and the child's doctor's office. In the event of any conflict between this policy and the instructions set forth in the Authorization Form, the instructions in the Authorization Form must be followed.

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
AUTHORIZATION FOR CARE OF CHILDREN
WITH INSULIN-DEPENDENT DIABETES**

Dear Doctor: _____ Date: _____

Your patient, _____ is enrolled/enrolling in one of our District programs and we have been requested to provide blood glucose monitoring and appropriate follow-up care. Please complete Part I of this instruction record. This record will remain in the child's file at the Jurupa Community Services District so we may assist with the allergy care and needs of our enrollee and your patient. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper, which will become part of this record and will be kept with this form in the child's file.

PART I (to be completed by physician)

Child's Name: _____ Child's Birth Date: _____

Target range of Blood Glucose: ☐ 70-180 ☐ 80-240 ☐ other ____ - ____

Name of blood glucose meter child is using: _____

Procedures

Blood glucose testing is performed at any time the child exhibits signs and symptoms of hyperglycemia or hypoglycemia, as described on the attached form. Parent(s)/Guardian(s) must supply blood glucose monitoring materials (including, but not limited to, meter and strips or chem strips, lancet, adhesive bandages, etc.). Other materials shall include (provide details) _____.

Parent(s)/Guardian(s) is responsible for providing an appropriate container for the disposal of any "sharps" items. When the Parent(s)/Guardian(s) is notified that the sharps container is full, the Parent(s)/Guardian(s) will remove the container and dispose of any used sharps in the appropriate manner. **Under no circumstance are sharps to be disposed of at District Facilities.**

ACTIONS FOR LOW BLOOD SUGAR (BELOW _____):

1. Provide the child with one of the following fast-acting carbohydrates in the following quantities (please delete those items which are not recommended):
____ ounces of apple or orange juice; ____ ounces of milk; ____ ounces of carbonated beverage with sugar; ____ hard candies; or other _____.
2. If lunch or snack is greater than one hour away, ALSO give the child one of the following in these quantities: # _____ graham cracker

squares; # _____ saltine crackers; # _____ pieces of bread or toast; or other: _____.

3. Repeat blood glucose test in _____ minutes.

4. Repeat snack of fast-acting carbohydrates if symptoms persist or resume within 15 minutes.

5. If the child experiences the following symptoms, and they are not eliminated by the actions specified above, contact the Parent(s)/Guardian(s) immediately and ask him or her to come to the District facility to take the child to his/her physician:

(Please indicate the symptoms that require parental notification)

_____ Dizziness

_____ Weakness

_____ Impaired Vision

_____ Other (explain): _____

6. If the steps outlined above do not eliminate the child's symptoms and the child experiences more serious symptoms (such as loss of consciousness or seizure), District staff and/or volunteers will call the area's emergency personnel number (e.g. 911).

7. Other (explain): _____

ACTIONS FOR HIGH BLOOD SUGAR (ABOVE _____):

1. Contact Parent(s)/Guardian(s) immediately and child's physician if blood glucose is more than _____.

2. Other (explain): _____

Recreational Activities

1. The child may participate in indoor recreational activities. [] Yes
[] No

2. The child may participate in outdoor recreational activities. [] Yes [] No

3. Activity restrictions: [] None [] Some Restrictions (explain):

Diet Restrictions

1. Parent(s)/Guardian(s) is responsible for reviewing any snack or meal plan each week and supplying any food substitutions required for their child. District staff is responsible for notifying Parent(s)/Guardian(s) if a birthday or holiday party or any other special event involving food is planned for that week so that Parent(s)/Guardian(s) may have the option of providing a snack that meets the child's dietary restrictions.

2. Parent(s)/Guardian(s) is responsible for supplying the carbohydrate snacks which need to be given in the event of low blood sugar levels.

Child's Physician

Name: _____
Address: _____
Telephone No.: _____
Emergency Contact No.: _____
Signature: _____ Date: _____

PART II (to be completed by Parent(s)/Guardian(s))

Parent(s)/Guardian(s)

Name: _____
Address: _____
Telephone No.: _____
Emergency Contact No.: _____

Indicate the person(s) who is/are authorized to conduct blood glucose testing (check all that apply).

[] District Staff or volunteers
[] Parent(s)/Guardian(s)
[] Child
[] Other: Name(s): _____

By signing this form, I/We authorize the Jurupa Community Services District staff and/or volunteers to follow the above instructions from my/our child's physician in the Authorization Form. I/We agree to update this form every six (6) months, or sooner if my/our child's needs change.

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Parent/Guardian

Date: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
RELEASE AND WAIVER OF LIABILITY FOR
TESTING OF CHILDREN WITH INSULIN-DEPENDENT DIABETES**

This is a RELEASE AND WAIVER OF LIABILITY FOR TESTING OF CHILDREN WITH INSULIN-DEPENDENT DIABETES (herein, referred to as the "Release") made this ____ day of _____, 20____, by and between the Jurupa Community Services District Parks Department and _____ (Parent(s)/Guardian(s)) residing at _____ (address), who are the Parent(s)/Guardian(s) of _____ (child's name);

WHEREAS, the Jurupa Community Services District Parks Department provides youth programs at numerous facilities and the Parent(s)/Guardian(s) has enrolled _____ (child's name);

WHEREAS, the Jurupa Community Services District Parks Department has been requested by the Parent(s)/Guardian(s) to administer blood glucose testing to the child while the child participates in District programs, as prescribed in writing on the child's "Authorization for Care of Children with Insulin-Dependent Diabetes," all in accordance with and subject to District policy for Testing Blood Glucose Levels.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto hereby agree as follows:

1. Parent(s)/Guardian(s) hereby acknowledges that the blood glucose testing administered will not be provided by medical professionals, and that District employees and volunteers have not received any formal medical training for administering blood glucose testing or other medical treatment to children suffering from insulin dependent diabetes. Parent(s)/Guardian(s) further acknowledges that the only training District employees and volunteers may receive for administering blood glucose testing and other medical treatment to his/her child is the training provided by Parent(s)/Guardian(s).
2. Parent(s)/Guardian(s) hereby acknowledges that District employees and volunteers have not received any formal medical training for identifying the symptoms of hyperglycemia or hypoglycemia (too high or too low blood sugar levels).
3. Parent(s)/Guardian(s) hereby acknowledges that while the District will make all reasonable efforts to have at least one of the employees or volunteers trained by the Parent(s)/Guardian(s) to administer blood glucose testing or other medical treatment to the child, available at all time, the District cannot guarantee that the staff members or volunteers will be present at all times.

4. Parent(s)/Guardian(s) hereby acknowledges that in emergency situations where District staff or volunteer which have been trained by Parent(s)/Guardian(s) to administer blood glucose testing or other medical treatment to the child in the event the child exhibits symptoms of hyperglycemia or hypoglycemia are not present and the child exhibits symptoms of hyperglycemia or hypoglycemia, blood glucose testing or other medical treatment may be administered by other District employees or volunteers.
5. Parent(s)/Guardian(s) hereby releases and forever discharges the Jurupa Community Services District and its employees, volunteers or agents from any and all liability arising in law or equity as a result of the Jurupa Community Services District's employees, volunteers or agents administering blood glucose testing and/or any other medical treatment with the testing supplies and medications provided by the Parent(s)/Guardian(s) or providing any other medical treatment or emergency care as prescribed by the child's physician as set forth in the "Authorization for Care of Children with Insulin Dependent Diabetes provided that the Jurupa Community Services District has used reasonable care in administering blood glucose testing and any medication treatment or medications or emergency care in accordance with the Authorization.
6. Parent(s)/Guardian(s) hereby releases and forever discharges the Jurupa Community Services District and its employees, volunteers or agents from any and all liability arising in law or equity as a result of the Jurupa Community Services District employees or agents failing to identify or misidentifying symptoms of hyperglycemia and hypoglycemia described by the child's physician in the "Authorization for Care of Children Insulin Dependent Diabetes provided that the Jurupa Community Services District has used reasonable care.
7. This Release supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral, concerning all subject matters covered herein. This instrument, along with the Authorization (including, any additional physicians instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matter discussed herein.
8. If one or more of the provisions of this Release shall, for any reason, be held invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal, or unenforceable provisions had not been contained herein.

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT**

By: _____
Name: _____
Title: _____
Date: _____

PARENT(S) OR GUARDIAN(S)

By: _____
Name: _____
Relationship: _____
Date: _____

By: _____
Name: _____
Relationship: _____
Date: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
BLOOD GLUCOSE TESTING
TRAINING ACKNOWLEDGEMENT**

I, _____, have been trained by
_____ (Parent(s)/Guardian(s)/Designee(s)) to test the
blood sugar level and/or administer other emergency care to
_____ (Child's Name), a child registered in a Jurupa
Community Services District Parks Department program, in the event the child exhibits
symptoms of hyperglycemia or hypoglycemia (too low or too high blood sugar levels).

District Staff Signature: _____

Date of Training: _____

Parent(s)/Guardian(s) Signature: _____

**JURUPA COMMUNITY SERVICES DISTRICT
PARKS DEPARTMENT
ACKNOWLEDGEMENT OF RECEIPT OF POLICY
FOR TESTING BLOOD GLUCOSE LEVELS**

I acknowledge that I have received a copy of the Jurupa Community Services District Parks Department's Policy for Testing Blood Glucose Levels.

Parent (s)/Guardian(s) Signature: _____

Date: _____