

Chicago Park District  
Risk Management  
(773)947-0715  
riskmanagement@chicagoparkdistrict.com



**CHICAGO PARK DISTRICT**  
**PARENT/GUARDIAN AUTHORIZATION FOR**  
**EMERGENCY CARE OF CHILD WITH SEVERE ALLERGIES**

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your patient, \_\_\_\_\_ ("Enrollee") is enrolled/enrolling in a Chicago Park District program(s). The Enrollee's parent/guardian has requested the Chicago Park District provide certain emergency care for the prevention of anaphylaxis in the event the Enrollee comes into contact with an allergen(s), as described below. Please complete Part I of this instruction record. This record will remain in the Enrollee's file at the Chicago Park District so we may assist with the allergy care and needs of Enrollee. If you need to provide further instructions or clarifications, please do so on a separate sheet of paper (letterhead), which will become a part of this record and will be kept with this form in the Enrollee's file at the Chicago Park District.

**\*\*\*TO BE COMPLETED BY ENROLLEE'S PHYSICIAN\*\*\***

Enrollee's Name: \_\_\_\_\_ Enrollee'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 Enrollee.

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Symptoms:

Please provide a complete list of all symptoms that indicate that the Enrollee has come into contact with an allergen and that they require emergency treatment.

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Do not administer medication in the absence of known exposure to allergen (Explain):

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(please indicate all steps necessary and the order in which they should be taken):

Give Benadryl Elixir. \_\_\_\_ ml orally // Administer Auto-Injector // Call Emergency Medical Services 911

Other (Explain)

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Recreational Activities:

The Enrollee may participate in recreational activities:

Yes

No

Activity Restrictions:

None

Some Restrictions (Explain below)

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Enrollee's Physician Information:

Name:

Address:

Telephone Number:

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*TO BE COMPLETED BY ENROLLEE'S PARENT/GUARDIAN\*\*\*

Enrollee's Parent Information:

Name:

Address:

Telephone Number(s):

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN MUST PROVIDE A COPY OF THIS SIGNED FORM TO THE PARK SUPERVISOR(S) AT EACH PARK WHERE ENROLLEE IS ATTENDING ACTIVITIES**