PARTICIPANT ALLERGY INFORMATION FORM

CITY OF SANTA BARBARA
Parks & Recreation
Enriching People's Lives

Parks & Recreation Department
Adapted Programs
620 Laguna Street
Santa Barbara, CA 93101
(805) 564-5421
www.sbparksandrecreation.com

Participant _____

Date _____

The registration information submitted for the above participant indicated the participant has an allergy to _____. We would appreciate your cooperation in answering the following questions to better understand if there are any medical needs.

Please list below the participant's allergies, their severity and, describe the symptoms for each allergy such as difficulty breathing, swelling, hives, or other symptoms. It is the responsibility of the participant or, for minors and dependent adults, their custodial parent or legal guardian to disclose all relevant information regarding the participant's health and special needs.

Allergy	Mild	Moderate	Severe	Symptoms
❑ Bee Stings	❑	❑	❑	_____
❑ Food	❑	❑	❑	_____
❑ Nuts	❑	❑	❑	_____
❑ Fish	❑	❑	❑	_____
❑ Other _____	❑	❑	❑	_____
❑ Dust	❑	❑	❑	_____
❑ Grass	❑	❑	❑	_____
❑ Mold	❑	❑	❑	_____
❑ Pollen	❑	❑	❑	_____
❑ Other_____	❑	❑	❑	_____
_____	❑	❑	❑	_____
_____	❑	❑	❑	_____

What first aid is usually administered? ❑ Benadryl ❑ Epipen ❑ Other_____

Will participant carry the above medication to the program daily? ❑ Yes ❑ No

Can participant identify when to use the medication? ❑ Yes ❑ No

Can participant self administer the medication if necessary? ❑ Yes ❑ No

The location of participant's medication is _____

State law prevents City staff from administering or assisting in the administration of medication. Administration of medication is the responsibility of the participant or, for minors and dependent adults, their custodial parent or legal guardian. If the participant can administer the medication without assist or reminders, they will be allowed to do so. If not, arrangements must be made with program staff to have someone come to the program to administer the medication.

Signature of participant OR, for minors and dependent adults, the custodial parent or legal guardian:

✓ **Signature** _____ **Print Full Name** _____ **Date** _____