



# Life Threatening Conditions & Special Needs Accommodations for Custodial Care Programs

Participant's Name

Date of Birth

Program

The Parks and Community Services Department takes the safety and well-being of our participants very seriously. According to our records, you have indicated that your child has a life threatening medical condition and/or requires Special Needs accommodations. Please complete the information below and return it to Therapeutic Recreation Staff so that the appropriate staff and instructors can be aware of your child's needs.

**1. Indicate LIFE THREATENING allergies that require IMMEDIATE MEDICAL ATTENTION.**

- Peanuts/Tree Nuts
- Insect Stings
- Other: \_\_\_\_\_

**2. Indicate LIFE THREATENING Medical Conditions or Special Needs that require IMMEDIATE MEDICAL ATTENTION.**

- Seizures
- Asthma
- Diabetes
- Other: \_\_\_\_\_

**3. Indicate MEDICALLY NECESSARY or PRESCRIBED EMERGENCY MEDICATION required during program hours.**

- Epi-Pen/Epinephrine Auto-injector
- Inhaler
- Insulin
- Anti-seizure Medication
- Benadryl—with prescription
- Other: \_\_\_\_\_

**4. Special Needs Accommodations ONLY:**

Please use the space below to describe your child's needs for accommodations in order to assist staff in assuring the best recreational experience possible.

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**Please return this form 2 weeks prior to the program start to Therapeutic Recreation staff via email, fax, or mail.**

E-mail: [jreaber@sanramon.ca.gov](mailto:jreaber@sanramon.ca.gov)

Fax: (925) 829-6128

Mail: Attn: Therapeutic Recreation Staff, 9300 Alcosta Boulevard, San Ramon, CA 94583