

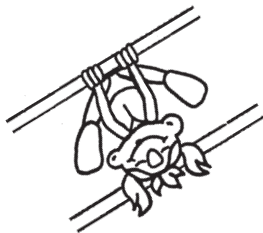
## **Note to Physician:**

Failure to follow our directions resulting in an incomplete, illegible, or late return of form to our office may result in child not being able to participate in activities so

***PLEASE FILL FORM OUT CAREFULLY FOR  
NON-MEDICAL TEACHERS TO UNDERSTAND.***

This form **WILL be returned to Physician** to be filled out a 2nd time and **participation may be delayed or prohibited** under the following circumstances.

- 1) Do NOT use Latin, acronyms, medical abbreviations, etc. (PRN, etc.)
- 2) Do not write “see attached directions” . Attachments are acceptable but the form must be completed in detail. We will look to the form when providing treatment.
- 3) Be CLEAR about which meds are to be given for which symptoms.
- 4) Be Clear about the ORDER in which meds are to be administered.
- 5) Only list meds that KGC staff may be required to administer during activities.  
In other words, if the child takes a medication every morning before school, we do not need that information on these forms.
- 6) We must be able to understand your hand writing.



Kehler's Gymnastics Centers Inc.  
680 Parkway, Broomall, Pa. 19008 359-9999  
rk@kehlersgym.com



2018 Summer

All Paperwork must be in our hands, complete and legible, as described below, by

**May 25, 2019,**

in order for any Special Needs child who requires medication, to participate in the Summer 2019 Day Camp.

Parents will be **ASSIGNED a time on June 3, 2019\*** to meet with KGC staff to train them on their child's medications. We regret that failure to attend your assigned day/ time will result in the child not being able to participate for this summer camp season. **Do not bring children to the meeting please.**

To the parents of: \_\_\_\_\_,

Thank you for showing an interest in our camp program. You have indicated that your child has special needs requiring that medication be stored on site, as it may be necessary for our staff to administer it to your child. As our staff are not trained medical professionals it is necessary for you to provide instruction and training to several of our staff at an assigned date and time as listed above. We understand that just as with everyone else including our staff, you have a very busy life and it may be difficult for you to attend. However, as our staff members are also making the sacrifice to add these extra hours to their busy personal schedules, we are asking that you do likewise in a spirit of generous cooperation, as we all work together to do what is best for the children. **We regret that those who are not punctual for their assigned appointments will not be able to complete the registration process and their children will not be able to participate in Kehler's Camp.**

Most parents have said that they require just a few minutes to explain the use of the medication. If you feel that you will require longer please contact Mr. Kehler immediately. We will also review the paperwork at that time. Be sure to **bring all medication inside a zip lock bag**, with you to the meeting, correctly labeled as per the instructions in the packet, as you will be leaving it with us at that time. **Please include a small photo of your child. Please do not bring children.**

**TELL YOUR DOCTOR:** KGC will not approve unless directions are followed.

- 1) Be sure that all paperwork is **completely filled out** with no blanks or incomplete forms, and returned to Mr. Kehler no later than the paperwork deadline listed at the top of the page. We will allow you to attach any paperwork you like from your doctor but **ALL directions must be clearly written ON OUR FORMS** since we will be referencing the forms when administering medications. **Do NOT write "see attached" on our forms please.**
- 3) All paperwork must be either typed or printed **clearly and legibly**. It WILL be returned to the parent or doctor otherwise and it MAY result in the child not being able to attend if not returned by the deadline above.
- 4) All directions must be **easily understood by any layperson**, who is not medically certified. Even if child is able to administer, the directions **must still describe how our staff would administer** if necessary. **No LATIN, acronyms, or abbreviations (PRN, etc.).**

**Parents' Checklist:** Please be sure to **initial all 13 pages** of your packet. Please count pages to be sure you have everything.

- Authorization for Emergency Care for those w/ severe allergies, asthma, and/or related conditions
- Policy for Emerg. Treatment for those w/ severe allergies, asthma, and/or related conditions
- Medication Policy
- Medication Consent
- Release for Administering Medication to Children
- Release for Emerg. Treatment for children w/ severe allergies, asthma, and/or related conditions
- Allergy, Asthma, and Related Conditions Training Acknowledgment
- Medical Treatment Training Acknowledgment

**This is an ADULT meeting. Please leave children at home as child care will not be provided and having them present may distract from the training.**

We are looking forward to another great summer of fun and we want your child to be part of it!

2019

\*KGC Inc. reserves the right to select a different date/time as needed to suit KGC scheduling concerns. Special Campers whose parents have completed everything listed here as approved by KGC Inc. may begin Day Camp on the following day, if registered to do so, but NOT before.

37 Years of Successful Service And Education

**KEHLER'S GYMNASTIC CENTERS, INC.**  
**AUTHORIZATION FOR EMERGENCY CARE OF CHILDREN WITH**  
**SEVERE ALLERGIES, ASTHMA, OR RELATED CONDITIONS.**

Dr. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Your patient, \_\_\_\_\_ is enrolled with the Kehler's Gymnastic Centers, Inc. We have been requested to provide emergency care in the event the child comes into contact with certain allergens, conditions or circumstances as described below. Please complete Part I of the instruction record. This record shall remain in the child's file at the gym so that we may administer the proper care in need of our enrollee and your patient. If we need further instructions or qualification please complete on a separate sheet of paper.

**PART I (To Be Completed By Physician) - Type or Print very clearly, illegible documents will not be accepted.**

**Allergens, Conditions, or Circumstances:**

Please provide a complete list of all events and/or substances that may trigger a severe allergic reaction in the child.

- \_\_\_\_\_ Bee Sting
- \_\_\_\_\_ Other Insect Bite(s): Identify: \_\_\_\_\_
- \_\_\_\_\_ Animal Fur: Identify: \_\_\_\_\_
- \_\_\_\_\_ Food Allergy: Identify: (all foods that must be avoided)  
\_\_\_\_\_
- \_\_\_\_\_ Sports or Activity Induced: Identify: \_\_\_\_\_
- \_\_\_\_\_ Other: Identify: \_\_\_\_\_

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

- \_\_\_\_\_ Shortness of Breath or Difficulty Breathing or wheezing.
- \_\_\_\_\_ Swelling of the Face or Lips
- \_\_\_\_\_ Hives
- \_\_\_\_\_ Vomiting
- \_\_\_\_\_ Other: Explain: \_\_\_\_\_
- \_\_\_\_\_ Do not administer medication in the absence of known exposure to allergen, condition or circumstances. Explain:  
\_\_\_\_\_

**Parent Initial:** \_\_\_\_\_

**Procedures:**

If there is an over lap of symptoms or circumstances for the use of more than one medication, KGC may administer all such noted medications at the same time.

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

\_\_\_\_\_ Give **Benadryl Elixir**, ml orally for these symptoms:

- Shortness of Breath or Difficulty Breathing or Wheezing.
- Swelling of the Face or Lips
- Hives
- Vomiting
- Other: Explain: \_\_\_\_\_

\_\_\_\_\_ Administer **EpiPen, Jr.** or \_\_\_\_\_

- ONLY** for anaphylaxis
- Shortness of Breath or Difficulty Breathing or Wheezing.
- Swelling of the Face or Lips
- Hives
- Vomiting
- Other: Explain: \_\_\_\_\_

\_\_\_\_\_ **Other Medication** \_\_\_\_\_

- Shortness of Breath or Difficulty Breathing or Wheezing.
- Swelling of the Face or Lips
- Hives
- Vomiting
- Other: Explain: \_\_\_\_\_

\_\_\_\_\_ Call the areas **emergency medical personnel** (e.g. “911”)

- Shortness of Breath or Difficulty Breathing or Wheezing.
- Swelling of the Face or Lips
- Hives
- Vomiting
- Other: Explain: \_\_\_\_\_

\_\_\_\_\_ Call **parent(s) / guardian(s)**, and child’s **physician**

- Shortness of Breath or Difficulty Breathing or Wheezing.
- Swelling of the Face or Lips
- Hives
- Vomiting
- Other: Explain: \_\_\_\_\_

**Parent Initial:** \_\_\_\_\_

**Recreational Activities:**

1. The child may participate in recreational activities? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Activity Restrictions? \_\_\_\_\_ None \_\_\_\_\_ Some Restrictions

Explain: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

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

**PART II (To Be Completed By Parent / Guardian)**

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

Address: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

**By signing this form, I/We authorize Kehler's Gymnastic Centers, Inc. to follow the above instructions in the Authorization Form. I/We agree to update this form no later than January 1, May 1 and September 1. The update will be sooner if my/our child's' needs change.**

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

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

**KEHLER'S GYMNASTIC CENTERS, INC.**  
**POLICY FOR EMERGENCY TREATMENT TO CHILDREN WITH**  
**SEVERE ALLERGIES, ASTHMA, OR RELATED CONDITIONS**

Kehler's Gymnastic Centers (hereinafter "KGC") recognizes that children who participate in the various activities provided by KGC may suffer from severe allergies, asthma, or related conditions which may also have a significant impact on a child's health and safety. Since KGC is concerned for the health of all children in our care when a child with these conditions enrolls in any activity offered by Kehler's the following is required:

1. The Parent(s) / Guardian(s) must complete and execute a copy of the Authorization for Emergency Care. The child's Parent(s) / Guardian(s) as well as the child's physician shall complete this form. The form shall be updated as frequently as needed, but no less than every January 1, May 1 and September 1 of each year. This Authorization Form is to provide KGC with the necessary information to assure the proper preventative measures and effective response to a severe allergic reaction, asthma, and related conditions. In addition, the Parent(s) / Guardian(s) shall provide a copy of any physicians orders and procedural guidelines relating to the prevention and treatment of the child's allergies, asthma, and related conditions.

2. The Parent(s) / Guardian(s) shall complete and execute the Release and Waiver of Liability Form regarding emergency treatment to the child with severe allergies. This form shall release KGC, it's employees, agents and contractors for the liability for administering treatment to children with severe allergies, asthma, and related conditions and taking any other and necessary actions as set forth in the Authorization Form. Parent(s) / Guardian(s) shall provide KGC with all necessary medication, equipment and instructions as set forth in the Authorization Form. Furthermore, all medication shall be properly labeled and contain the name of the child, the child's physician, the Parent(s) / Guardian(s) and physician's telephone numbers, the appropriate instructions and expiration date.

3. Within thirty (30) days of the enrollment, upon completion of the Authorization for Emergency Care and the Waiver of Liability Forms, the Parent(s) / Guardian(s) shall provide training at a date and time specified by KGC's Program Director and all parties shall complete the Emergency Treatment Acknowledgment. A participant whose medication has not been provided, and/or all forms or required training has not been properly completed shall be entitled to participate in the requested program as long as the Parent(s) / Guardian(s) or other qualified adult remains in the building to administer the necessary emergency treatment.

4. A child shall be entitled to participate in the requested activity even if the Parent(s) / Guardian(s) choose not to provide the necessary training to the staff of KGC as long as such Parent(s) / Guardian(s) remains in the building and are trained to provide the necessary treatment in case of emergency and as long as KGC determines the child can safely participate in such action and does not pose a risk to the safety of any other participants.

**GUIDELINES FOR EMERGENCY TREATMENT:**

If a child has a severe allergy, asthma, and/or related conditions, the following steps shall be adhered to:

1. Prior to the child's first day of attendance, the Parent(s) / Guardian(s) shall be responsible for training selected members of the staff including, but not limited to the Program Director.

2. Parent(s) / Guardian(s) shall provide the nature of the child's allergy, asthma, and/or related conditions including:

2019

**Parent Initial:** \_\_\_\_\_

Page # 4

- a. the events and /or substance that may trigger an allergic reaction;
- b. with respect to food allergies, limitations on the child's food consumption;
- c. symptoms of an allergic reaction, asthma, and/or related conditions;
- d. how to properly administer a treatment for the allergic reaction, asthma, and/or related

conditions including, where appropriate, the procedure for administering Epinephrine (EpiPen), inhaler or similar device. In addition, the appropriate members of the staff shall be trained to recognize the nature of the allergies and symptoms as stated above.

3. The appropriate members of the staff as determined by KGC including, but not limited to the Program Director shall attend a training provided by the Parent(s) / Guardian(s) or other trained medical instructor as provided by the Parent(s) / Guardian(s) on a date and time to be determined by KGC Program Director. Upon completion of the training all parties shall complete and sign the Emergency Training Acknowledgment.

4. Training shall be repeated no later than January 1, May 1 and September 1 unless agreed otherwise by the Program Director, but not less than once a year or when the Program Director shall change positions. If the Program Director is replaced, his or her replacement shall be immediately trained by the Parent(s) / Guardian(s) or other trained medical instructor as provided by the Parent(s) / Guardian(s) on a date and time to be determined by KGC Program Director.

5. At least one trained staff member must be present at all times when the child participates in a scheduled class or camp program. If a trained staff member is not available for the scheduled class or camp program then a make-up session will be scheduled as determined by KGC.

6. Medication kept at KGC shall be stored in a secure location accessible by authorized staff.

7. Kehler's shall dispose of all medication thirty (30) days after the child's last scheduled participation. If a child shall return to any program after thirty (30) days then the Authorization for Emergency Care Form, Waiver and Liability Form and all necessary training shall be resubmitted.

8. Any sign warning the staff to a child's particular allergy, asthma, and/or related conditions shall be posted next to the first aid station and any other location as determined by KGC.

9. If a child is exposed or ingests an allergen or shows one or more of the following signs and symptoms of an allergy reaction, including the swelling of lips, face, hives, vomiting, diarrhea, shortness of breath and difficulty breathing the following steps shall be taken:

- a. A staff member shall call the areas emergency personnel number and/or 911;
- b. a trained staff member shall administer the medication as instructed on the Authoriza-

tion Form unless otherwise indicated on the Authorization Form, the medication shall be administered immediately. If a child is exposed to or ingested a known allergen, do not wait to administer the medication until the child shows signs of an allergic reaction unless the Authorization Form states otherwise. It is important that 911 and/or the appropriate authorities should be called in addition to administering the medication such as EpiPen, Jr. because medication only works for approximately fifteen (15) minutes.

c. Under no circumstances may the staff of KGC administer any medication including EpiPen, Jr. until the child is identified as an individual who may be subject to an anaphylactic reaction, all the required information forms have been provided by the parent / guardian and the initial training has been completed.

d. If Epinephrine is prescribed, only premeasured doses of Epinephrine such as contained in the EpiPen, Jr. shall be given by the staff.

# KEHLER'S GYMNASTIC CENTER'S, INC. MEDICATION POLICY

Kehler's Gymnastic Centers, Inc. (hereinafter "KGC") shall not be responsible for the diagnosis and treatment of a child. The administration of prescribed medication in accordance with the direction of a parent or physician of a child during gym hours will only be permitted when failure to take such medicine would jeopardize the health of a child or a child would not be able to attend gym if the medication was not made available during gym hours.

Whenever practical, it is recommended that the medicine dosage be placed on a time schedule that allows the medication to be taken at home. If it becomes necessary to administer medication at the gym, the child's a Parent(s) / Guardian(s) must complete the Medication Consent Form, and abide by the following conditions:

1. No medication will be given without the written request from the parent(s) / guardian(s) and physician.
2. No medication will be given without required information to properly administer medication.
3. If management of KGC determines a child cannot safely participate in any activity then, management reserves all rights to restrict or exclude the participation of the child until sufficient evidence is presented, including, but not limited to authorization from the child's physician that the child's participation in such activity does not risk the safety of the child or another participant.
4. The Parent(s) / Guardian(s) and the child's physician must complete and execute a copy of the Medication Consent Form. The form shall be updated as frequently as needed, but no less than every January 1, May 1 and September 1 of each year. The Parent(s) / Guardian(s) shall provide a copy of the physicians' orders and procedural guidelines relating to the administration of the medication.
5. The Parent(s) / Guardian(s) shall complete and execute the Release and Waiver of Liability Form regarding administration of medication to the child. This form shall release KGC, its employees, agents and contractors from the liability of administering the medication to the child. The Parent(s) / Guardian(s) shall provide KGC with all necessary medications, equipment and instructions as set forth in the Consent Form. Furthermore, all medication shall be properly labeled, containing the name of the child, the name of the child's physician, the telephone number, appropriate instructions and expiration date.
6. Within thirty (30) days of enrollment, upon completion of the Consent Form and the Waiver of Liability Forms, the Parent(s) / Guardian(s) shall provide training, if necessary, at a date and time specified by KGC's Program Director and all parties shall complete the Medical Treatment Training Acknowledgment. A participant whose medication has not been provided for, and/or all forms and necessary training has not been properly completed shall be entitled to participate in the requested program as long as the Parent(s) / Guardian(s) or other qualified adult remains in the building to administer the necessary medication.
7. A child shall be entitled to participate in the requested activity if the Parent(s) / Guardian(s) choose not to provide the necessary training to the staff at KGC as long as the Parent(s) / Guardian(s) remain in the building and are trained to provide the necessary treatment and as long KGC determines the child can safely participate in such activity and does not pose a risk to the safety of any other participant.



8. Parent(s) / Guardian(s) shall provide KGC with all necessary disposable utensils to administer the medication including disposable measuring cups.

9. If special instructions are necessary to administer the medication including, but not limited to inhalers and EpiPen, Jr. injections, then the Parent(s) / Guardian(s) shall provide the necessary instructions and/or provide the appropriate adult who could instruct the staff as to the proper procedure to administer the medication and complete all necessary forms as required.

**Parent Initial:** \_\_\_\_\_

## KEHLER'S GYMNASTIC CENTERS, INC. MEDICATION CONSENT FORM

Kehler's Gymnastic Centers, Inc., (hereinafter "KGC") advises all parents to give medication at home and on a schedule other than during the time your child should spend at the gym. Medication that is ordered by a physician, which is to be taken once a day, must be given at home. If it is necessary that medication be given during gym hours, the following regulations must be followed:

1. All medication including over-the-counter must be accompanied by a written order from the attending physician.
2. All medication must be brought to the gym in the original containers with the appropriate label and packaging. Medication shall be kept in a locked area at the KGC. **If medication is not properly labeled, and there is no physicians' authorization, the medication shall not be administered. If there is an over lap of symptoms or circumstances for the use of more than one medication, KGC may administer all such noted medications at the same time.**
3. KGC staff shall not administer or dispense the first dose of medication to a child.
4. Parent(s) / Guardian(s) grant permission to the staff at KGC to contact the child's physician if necessary.
5. Parent(s) / Guardian(s) must sign this form granting the authorized staff member permission to administer medication as described herein.
6. Parent(s) / Guardian(s) shall provide KGC with all necessary disposable utensils to administer the medication including disposable measuring cups.
7. If special instructions are necessary to administer the medication including, but not limited to inhalers and EpiPen, Jr. injections, then the Parent(s) / Guardian(s) shall provide the necessary instructions and/or provide the appropriate adult who could instruct the staff as to the proper procedure to administer the medication and complete all necessary forms as required.
8. If a child refuses to accept the medication or appropriate treatment then KGC will contact the Parent(s) / Guardian(s) and the child shall not participate in any scheduled activity.

Parent Initial: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Physician's Diagnosis: \_\_\_\_\_

**Medication # 1:** \_\_\_\_\_

**Symptoms or Circumstances\*** which will indicate that **Medication # 1** should be administered:

\_\_\_\_\_

Is it required that this medication be given during gym time? \_\_\_\_\_ YES \_\_\_\_\_ NO

Doses: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions with regards to the administration of the medication: \_\_\_\_\_

Does administering the medication require special training? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Medication # 2:** \_\_\_\_\_

**Symptoms or Circumstances\*** which will indicate that **Medication # 2** should be administered:

\_\_\_\_\_

Is it required that this medication be given during gym time? \_\_\_\_\_ YES \_\_\_\_\_ NO

Doses: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions with regards to the administration of the medication: \_\_\_\_\_

Does administering the medication require special training? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Medication # 3:** \_\_\_\_\_

**Symptoms or Circumstances\*** which will indicate that **Medication # 3** should be administered:

\_\_\_\_\_

Is it required that this medication be given during gym time? \_\_\_\_\_ YES \_\_\_\_\_ NO

Doses: \_\_\_\_\_ Time: \_\_\_\_\_

Special Instructions with regards to the administration of the medication: \_\_\_\_\_

Does administering the medication require special training? \_\_\_\_\_ YES \_\_\_\_\_ NO

**\* Symptoms or Circumstances: If there is an over lap of symptoms or circumstances for the use of more than one medication, KGC may administer all such noted medications at the same time.**

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ Date \_\_\_\_\_

**Print Physician's Name:** \_\_\_\_\_ (clearly)

**KEHLER'S GYMNASTIC CENTERS, INC  
RELEASE AND WAIVER OF LIABILITY  
FOR ADMINISTERING MEDICATION  
TO CHILDREN**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING MEDICATION TO CHILDREN (hereinafter referred to as the "Release")

Made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between Kehler's Gymnastic Centers, Inc. and \_\_\_\_\_  
\_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_, who are the Parent(s) / Guardian(s) of \_\_\_\_\_;

WHEREAS, Kehler's Gymnastic Centers, Inc., (hereinafter "KGC") has been requested by the Parent(s) / Guardian(s) of \_\_\_\_\_ to administer medication to the child during times the child participates in a KGC sponsored activity. As prescribed in writing on the KGC Consent Form and subject to KGC's Medication Policy.

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 agree as follows:

1. Parent(s) / Guardian(s) hereby releases and forever discharges KGC and its employees or agents and contractors from any and all liability arising in law or equity as a result of KGC's employees or agents and contractors administering medication in conformance with the child's Medication Consent Form, (hereinafter referred to as "Consent Form").
2. This Release shall be governed by the laws of the Commonwealth of Pennsylvania, which is the location of the KGC facility in which the child is enrolled, excluding its choice of law provisions.
3. 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 and the KGC general permission form(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 matters discussed herein.
4. The reference in this Release to the term "KGC" shall include Kehler's Gymnastic Centers, Inc., its affiliates, successors, directors, officers, employees and representatives. The terms Parent(s) / Guardian(s) shall include the dependants, heirs, executors, administrators, assigns and successors or each.

5. 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.

6. The Parent(s) / Guardian(s) hereby acknowledge that the management and staff and/or agents of KGC are not trained medical professionals and as such realizes that there are inherent risks in the possible administration of the medication.

**KEHLER'S GYMNASSTIC CENTERS, INC.**

By: \_\_\_\_\_  
Name: Russ Kehler  
Title: President and Program Director  
Date: \_\_\_\_\_

**PARENT(S) / GUARDIAN(S)**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

**KEHLER’S GYMNASTIC CENTER, INC**  
**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY**  
**TREATMENT TO CHILDREN WITH**  
**SEVERE ALLERGIES, ASTHMA, OR RELATED CONDITIONS**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING EMERGENCY TREATMENT TO CHILDREN WITH SEVERE ALLERGIES (hereinafter referred to as the “Release”)

Made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between Kehler’s Gymnastic Centers, Inc. and \_\_\_\_\_  
\_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_, who are the parents / guardians of \_\_\_\_\_;

WHEREAS, Kehler’s Gymnastic Centers, Inc., (hereinafter “KGC”) 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 in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the child’s “Authorization For Emergency Care of Children With Severe Allergies”, all in accordance with and subject to KGC 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 agree as follows:

1. Parent(s) / Guardian(s) hereby releases and forever discharges KGC and its employees or agents from any and all liability arising in law or equity as a result of KGC employees or agents administering epinephrine and providing other emergency care in conformance with the child’s “Authorization For Emergency Care of Children With Severe Allergies” (hereinafter referred to as the “Authorization”).
2. This Release shall be governed by the laws of the Commonwealth of Pennsylvania, which is the location of the Kehler’s Gymnastic Centers, Inc. facility in which the child is enrolled, excluding its choice of law provisions.
3. 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 and KGC general permission form (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 matters discussed herein.
4. The reference in this Release to the term “Kehler’s Gymnastic Centers, Inc.” shall include KGC, its affiliates, successors, directors, officers, employees and representatives. The terms Parent(s) / Guardian(s) shall include the dependants, heirs, executors, administrators, assigns and successors or each.

5. 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.

6. The Parent(s) / Guardian(s) hereby acknowledge that the management and staff and/or agents of KGC are not trained medical professionals and as such realizes that there are inherent risks in the possible administration of emergency treatment.

**KEHLER'S GYMNASTIC CENTERS, INC.**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: President and Program Director  
Date: \_\_\_\_\_

**PARENT(S) / GUARDIAN(S)**

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Date: \_\_\_\_\_

