



## **Golden Goal Policy and Procedures, Forms Required for Food Allergies, Special Dietary Restrictions, Medications**

Regarding Food Allergies, Special Dietary Restrictions, and Medications:

1. Golden Goal does not use nuts or nut related products in its Kitchen Facility for Meal Preparation.
2. Golden Goal is not a nut free facility. It cannot control what food items are brought into the camp by athletes, visitors, etc.
3. Golden Goal can't guarantee to cater to the needs of participants with severe allergies. Golden
4. Goal can't guarantee that participants with severe allergies will not be exposed to products they may be allergic to while at the facility.
4. For Participants with severe allergies parents should strongly consider the risks of participation and potential exposure before signing for an event at Golden Goal Sports Park.
5. Players with food allergies may bring they own food to the Event if coordinated prior to the Event. The food should be placed in an appropriate sized cooler. Golden Goal will store the cooler in our refrigerators and provide to the Participant at meal times. Golden Goal is unable to prepare any external food brought into the facility.
6. Golden Goal recommends that participants with severe allergies do not attend a residential camp at the facility.
7. Athletes are requested to keep their epi-pens with them.
8. Medications required to be refrigerated will be stored in the Medical Building refrigerator. Please label clearly: Type of Medication, Athlete's Name , Dosage and times to be administered, Self-administered (Adult Present).
9. Participants with Epipens are required to meet with the Golden Goal medical staff member at Check In.

Guidelines at check-in:

- 1 Parents must hand in Health History and Examination Form, pages 1 and 2 and Immunization History (or supply copy of school immunization record).
- 2 Fill out completely on **page 2 of Health History and Examination Form**, section on **"Allergies."** Itemize all.
- 3 Fill out completely on **page 2 of Health History and Examination Form**, section on **"Dietary modifications."**
- 4 Complete on **page 2 of Health History and Examination Form**, section on **"Current Medication (please send with instructions)."**
- 5 Indicate clearly on **Immunization Form**, section relating to, **"Any medications to be administered at Golden Goal(state specific**



**dosage)**". Make sure it is indicated that medication is self-administered and must be refrigerated.

- 6 Indicate clearly and itemize on **Immunization Form**, section(s): "**Any medically prescribed meal plan or dietary restrictions**" and "**Any allergies (food, drug, plants or insects, etc.)**."

In addition at check-in, it is the parents' responsibility to have the player or chaperone to meet with the appropriate Facility Staff who need to be made aware of the child's allergies, dietary needs and/or medications to be administered. Parents should feel free to discuss these issues/concerns with the appropriate staff.

If you have any questions regarding these guidelines please contact:

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