



# ACKNOWLEDGMENT OF RECEIPT OF INFORMATION

## HEAT ILLNESS PREVENTION PROGRAM

Heat Illness (also known as Heat Stress) is a serious medical condition resulting from the body’s inability to cope with a particular heat load. This acknowledgement form provides information on recognizing the signs of heat illness, what to do if symptoms occur, and your responsibilities as an employee. You are required to read and abide by the policies set forth on this form and in your *Employee Handbook for School Crossing Guards*.

### Symptoms of Heat Illnesses

#### Heat Exhaustion

- Headaches, dizziness
- Heavy Sweating, cold/clammy skin
- Dizziness or fainting, cramps
- Fast, shallow breathing
- A weak and rapid pulse

#### Heat Stroke

- Warm, dry skin
- Confusion or unconsciousness
- A strong and rapid pulse
- Throbbing headache
- Nausea, vomiting or both

### How to Prevent Heat Illnesses

- Drink plenty of water! ACMS has issued to you a personal 32-ounce water bottle and you are required to bring an adequate supply of water to your work place. You must keep that water readily accessible (you may not leave your post) during shifts when temperatures are expected to be in excess of 65 degrees Fahrenheit.
- Use sunscreen, always wear your ACMS-issued head gear and choose light colored clothing on hot days.
- Between shifts, rest in an area where you are not exposed to the sun.

## RECEIPT OF EMPLOYEE HANDBOOK

This is to acknowledge that I have received a copy of the Company’s “Employee Handbook for School Crossing Guards” (revision date: 8/14). I understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of employment with the Company.

I agree to **read** and **abide** by the policies in this Handbook, including all complaint and reporting requirements. If I do not understand any portion of the policies in this Handbook, I understand that I must address my questions to my supervisor. If my questions remain unanswered, I must contact the Director of Operations and/or any Manager or Officer of the Company in writing.

## INJURY AND ILLNESS PREVENTION TRAINING

Training in the All City Management Services Illness and Injury Prevention Program for School Crossing Guards was presented this date. My signature below acknowledges that I have received this training.

**I agree to abide by these policies and procedures as set forth above. If I do not understand any portion of the policies outlined in this Acknowledgment Form or the *Employee Handbook for School Crossing Guards*, I understand that I must address my questions to my Supervisor. If my questions remain unanswered, I must contact the Director of Operations and/or any Manager or Officer of the Company in writing.**

**I also understand that failure to comply with the policies and procedures set forth may result in disciplinary action up to and including termination of my employment.**

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PRINT Name

Employee Signature

City Where You Work

Date