

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER:

I hereby grant permission for my child to participate in the Northumberland Summer Youth and Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. _____(please initial)

I assume, for and on behalf of my child/children, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor sports programs and camps, and that my child is sufficiently, physically, and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Northumberland endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Northumberland, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to reasonable attorney’s fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Northumberland Parks & Recreation Department, the Town of Northumberland, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either I or the emergency contact cannot be timely reached.

Parent/Guardian Signature _____ **Date** ____ / ____ / ____

Witness Signature _____ **Date** ____ / ____ / ____

I give my child/children permission to ride his/her/their bike(s), walk or skate to the Town of Northumberland Summer Recreation Program.

I give my child/children permission to ride his/her/their bike(s), walk or skate from the Town of Northumberland Summer Recreation Program.

SPECIAL ACCOMODATIONS

The Town of Northumberland Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate and someone will contact you.

MEDICAL INFORMATION: Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

PERSONAL INFORMATION: Please describe any personal situation that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

Medical Information (MANDATORY)

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.

MINOR(S) INFORMATION including HOSPITALIZATION COVERAGE		
Name of Minor(s) _____ _____ _____	DOB (mm/dd/year) ____/____/____ ____/____/____ ____/____/____	Insurance Company or Government/ID or Contract # _____ _____ _____
ALLERGIES and SPECIAL CONDITIONS		
Name of Minor(s) _____ _____ _____	Allergies (food & environmental), Special Conditions _____ _____ _____	
IMMUNIZATION INFORMATION		
Name of Minor(s) _____ _____ _____	Immunizations are Up-to-Date <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Tetanus Shot ____/____/____ ____/____/____ ____/____/____
I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint: Town of Northumberland, PO Box 128, 17 Catherine Street, Gansevoort, NY 12831 to act in my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence from ____/____/____ through ____/____/____.		
Parent/Guardian (Print/Sign/Address) _____ _____ _____, ____	Parent/Guardian (Print/Sign/Address) _____ _____ _____, ____	
Witness (Print/Sign/Address) _____ _____ _____, ____	Witness (Print/Sign/Address) _____ _____ _____, ____	
PHYSICIAN INFORMATION		
Physician Name/Practice Name _____ _____	Address _____ _____, ____	Phone Number _____

***In the event of an emergency your child will be brought to the nearest hospital.**

****If this information changes at any time during the program dates it is your responsibility to notify the camp in writing.**

Prescription and Non-Prescription Medication Authorization

Release and Indemnification Agreement

I/We opt IN _____ (please initial) I/We opt OUT _____ (please initial)

PART I – Parent or Guardian to Complete and Sign (Please read information & procedures that follow.)

I hereby request camp personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the Town of Northumberland, its employees and personnel from lawsuits, claims, expenses, demands, or actions, etc. against them for helping my child use medication, provided summer program staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Parts II and III below. I have read the procedures outlined on the back of this form and assure responsibility as required.

My child has taken this medication before: Yes No First dose was given - Date: ____ / ____ / ____ Time: ____ : ____ am/pm
(If no, the first full dose must be given at home to ensure the child does not have a negative reaction.)

Child's name (Last, First, Middle) and DOB:

First Name Middle Name Last Name DOB: ____ / ____ / ____

No Northumberland Summer Youth and Recreation staff shall administer medication or treatment, unless the Program Director or his or her designee has personally reviewed all the required clearances.

Parent or Guardian Signature Daytime Phone Number Date ____ / ____ / ____

PART II – Parent or Guardian to Complete and Sign for over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps, non-life threatening allergic reactions, and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications.

The Northumberland Summer Youth and Recreation Program discourages the use of medication by children in the camp during the day. Any necessary medication that can be taken before or after the camp should be so prescribed. Injectable medications are not administered in the camp except in specific emergency situations. Camp staff will, when it is absolutely necessary, administer medication while participating in programs, camps, or field trips and situations according to the procedures outlined on the back of this form. Information should be written in lay language with no abbreviations.

Diagnosis:

Medications:

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Dosage to be administered at the camp (e.g. mg, ml, or cc)

Time(s) or interval between times to be given

Effective date: ____ / ____ / ____

If the child is taking more than one medication, list sequence in which medications are to be taken.

Physician Name (Print or Type)

Physician Signature

Telephone or Fax Number

Date

T/F

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone Number

Date

– not required if physician signs

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

____ / ____ / ____

PART III - School Age/Summer Camp Director to Complete

Check box as appropriate

Parts I & II above are complete and including signature. (It is appropriate if all items in part II are written on the physician's stationary or a prescription pad.)

Medication is appropriately labeled. ____ / ____ / ____ Date by which any unused medication is to be collected by the parent. (Within one week after expiration of the physician order or on the last day of camp.)

Camp Director Signature Date ____ / ____ / ____

Form must be updated yearly or as medication information changes. Summer Camp calendar runs from 07/11/2017 to 08/17/2017.

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in Summer Camp must have a parent or guardian-signed authorization. Some medications also require physician's orders. Medication must be turned in to the Summer Camp Director prior to the start of the day. The parent or guardian must transport medication to and from site.

2. No medication will be accepted by Summer Camp personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly or as needed. Summer Camp calendar runs from 07/11/2017 to 08/17/2017.**

3. A physician may use office stationary or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:

- Name of student
- Date of birth
- Reason for medication or diagnosis
- Name of medication
- Exact dosage to be taken, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
- Time to take medication to be administered and frequency or exact time interval dosage
- Sequence in which the medications should be taken in cases where more than one medication is prescribed
- If medication is given on an as needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("repeat as necessary" is unacceptable.)
- Duration of medication order or effective dates
- Physician's signature
- Date

4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:

- Name of student
- Exact dosage to be taken in school age/summer camp (e.g. milligram tablet, milligrams per ml/cc)
- Frequency or time interval dosage is to be administered

5. The first dose of any medication must be given at home.

6. The parent or guardian is responsible for submitting a new form to the Summer Camp at the time of registration or the start of the program.

7. Medication will be stored in a secured location accessible only to authorized personnel.

8. Within one week after expiration of the effective date on the physician order, or on the last day of the program, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

9. Medication can be given no more than one half hour before or after the prescribed time.

10. The Town of Northumberland, its employees and personnel does not assume responsibility for authorized medication taken independently by the student.

11. In no case may any Summer Camp staff member administer any medication outside the framework of the procedures outlined here.