



## Consent for Non-Prescription/Over the Counter Medication During Summer at the Ridge 2010

Participant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

The undersigned parent or guardian gives permission for Summer at the Ridge, through camp staff, to administer **non-prescription** medication, acetaminophen (Tylenol), ibuprofen (Advil), or Cough/Throat Drops which will be provided by the camp, as requested and needed by the student. The parent or guardian hereby expressly relieves Summer at the Ridge from any liability for the administration of such medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent and Request for Prescription Medication During Summer at the Ridge 2010

This is to advise that (Participant's name:) \_\_\_\_\_

Grade: \_\_\_\_\_, Birthdate: \_\_\_\_\_, a participant at Summer at the Ridge requires the following prescribed medication during the school day:

Name of Medication: \_\_\_\_\_,

Dosage of Medication: \_\_\_\_\_,

Time Medication is to be Administered: \_\_\_\_\_,

The medication listed above will be provided to Summer at the Ridge by the parent or guardian of the participant in the original prescription bottle. The undersigned parent or guardian agrees to assume all responsibility for maintaining the supply of the medication and replacing such medication when its effectiveness has lapsed.

The undersigned parent or guardian hereby requests Summer at the Ridge, through camp staff, to administer to the participant the above described medication and consents to the administration of such medication during the school day. The parent or guardian hereby expressly relieves Summer at the Ridge from any liability for the administration of such medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Summer at the Ridge Emergency Release Form 2010

Please PRINT all information clearly.

Participant's Name (Last, First): \_\_\_\_\_ Participant's Nickname: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Participants's Social Security #: \_\_\_\_\_

Participants's Grade: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Participant lives with (circle one): Both parents Mother Father Other: \_\_\_\_\_

Mother's: \_\_\_\_\_ Phone: \_\_\_\_\_

Name Home # Cell # Work #

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's: \_\_\_\_\_ Phone: \_\_\_\_\_

Name Home # Cell # Work #

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please list mailing address if different from above: \_\_\_\_\_

P O Box City/State/Zip

Please circle one phone number above for daytime emergency notifications.

List 2 people who will assume temporary care of your child if you cannot be reached.

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Name Home # Cell # Work #

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Name Home # Cell # Work #

## Medical Information:

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address of Family Physician: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Chronic Injuries or Conditions: \_\_\_\_\_

Previous surgeries or significant injuries (explain each): \_\_\_\_\_

Current Daily Prescription Medications: \_\_\_\_\_

## Signature Required:

I (we) the undersigned hereby release Summer at the Ridge and its employees from liability for any injury sustained while under the supervision of a Summer at the Ridge Staff member who is exercising his/her responsibilities in a reasonable and prudent manner.

Full authorization is given for the administration of any medical treatment deemed necessary by a licensed trainer or medical practitioner and/or the transfer of my son/daughter to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide "Authority and Power" on the part of the camp authorities to provide reasonable care.

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

## Earthquake and other disaster information:

IN THE EVENT OF A DISASTER, SUCH AS AN EARTHQUAKE, ALL PARTICIPANTS WILL BE KEPT AT THE SCHOOL OR PRE-DETERMINED SAFE PLACE UNTIL A PRE-DESIGNATED ADULT COMES TO SIGN THE PARTICIPANT OUT.

My son/daughter is **NOT** permitted to leave campus until signed out by a pre-designated adult.

Parent Signature: \_\_\_\_\_