

2018 Minor Emergency Medical Plan

<input type="checkbox"/>	RECKids Camp
<input type="checkbox"/>	Swim Lessons
<input type="checkbox"/>	Safety/LG Courses
<input type="checkbox"/>	Family Weekend
<input type="checkbox"/>	Other _____

The information on this form is required of participants; it is gathered to assist us in identifying appropriate care. In the event of an emergency, this form will be given to the appropriate emergency personnel. Any changes to this form should be communicated to the Assistant Director, Aquatics and Youth Programs.

Provide complete information on both pages of the form so that the camp can be aware of your minor's needs.

Participant Information				
MINOR'S LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YYYY)	AGE
HEIGHT	WEIGHT	GENDER	ADDRESS	
Emergency Contact(s) In the case of an emergency, illness, or accident involving the minor, the UDCR staff is authorized to contact the following:				
1)	NAME		RELATIONSHIP TO PARTICIPANT	
	DAY PHONE	EVENING PHONE	EMAIL	
2)	NAME		RELATIONSHIP TO PARTICIPANT	
	DAY PHONE	EVENING PHONE	EMAIL	

INDIVIDUALS AUTHORIZED FOR PICK-UP (Please include primary parents/guardians)

Please indicate all individuals authorized to pick-up participants, including parents, guardians, babysitters, grandparents, etc.:

	NAME	RELATIONSHIP TO PARTICIPANT	DRIVER'S LICENSE OR ID # (REQUIRED)
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____
4.)	_____	_____	_____
5.)	_____	_____	_____

The only individuals who may pick up your minor from the program are those listed for authorized pick-up. Staff will not release a minor to anyone not listed on this form without additional written instructions from the parent/legal guardian. In order to keep your minor safe at all times, ALL parents, guardians, babysitters or other individuals listed as approved to pick up minor at the end of a program event MUST present a driver's license or picture ID in order to pick up the minor. We will not release a minor to a parent or other authorized person without an ID as listed on the form. **By signing below, I indicate that I have read and understand the Campus Recreation pick-up procedure outlined above. I certify that all information provided is true and complete. I understand that any falsification, omission, or misleading information may prevent My Minor from participating in Campus Recreation programs, and I will not receive a refund for any portion of the program if My Minor is denied participation because of a violation of this pick-up procedure.**

IF PARTICIPANT IS 16-17 YEARS OLD:

By checking here, I as a legal parent/guardian, am giving permission and accepting responsibility for my 16-17-year-old with valid driver's license to drive self at completion of program.

PRINT NAME OF PARENT/LEGAL GUARDIAN SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

Insurance Information

Is the participant covered by family medical/hospital insurance? YES NO

If so, indicate carrier or plan name _____ Policy # _____

Name of Insured _____ Relationship to participant _____

Family Physician or Pediatrician

NAME OF FAMILY PHYSICIAN/PEDIATRICIAN PHONE ADDRESS

Medical and Behavioral Information

Please share any information about you minor's physical, emotional, mental health, and/or behavior and social skills, of which the camp should be aware:

Allergies

Does your minor have allergies? YES NO Does your minor have asthma? YES NO

Please list ALL allergies (i.e., food, latex, insects, plants, medications, other). Include reaction description and management.

Does your minor require administration of any prescribed medication in the event of an allergic reaction? YES* NO

*If yes, please fill out the supplemental Medication Administration Authorization Form accordingly.

Does your minor require administration of any prescribed medication in the event of any other type of medical emergency? YES* NO

*If yes, please fill out the supplemental Medication Administration Authorization Form.

Medications

Please list ALL medication (including over-the-counter or non-prescription drugs) taken routinely. It is your responsibility to notify UD staff if there are changes in the prescribed medications your minor is taking that could affect his or her participation in the program. At no time will any UD employee, student or volunteer administer medication to your minor, unless authorized for emergency purposes according to the Emergency Medical Plan. If your minor requires any medication during the program, you will be responsible for administration of such medication. Additionally, no medications will be maintained on site by UD unless authorized according to the supplemental Medication Administration Authorization Form.

My minor takes medications on a routine basis NO YES If YES, my minor takes medication as follows:

MED #1 DOSAGE SPECIFIC TIMES TAKEN EACH DAY REASON FOR TAKING

MED #2 DOSAGE SPECIFIC TIMES TAKEN EACH DAY REASON FOR TAKING

EMP page 2 | 2018 UDCR Minor EMP

NAME OF PARTICIPANT _____

Immunizations

Provide the month and year for each immunization. Starred (*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable and must be attached to this form.

Immunization Dose	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Most
Recent						
Diphtheria, Tetanus, Pertussis (DTaP or TdaP)*						
Tetanus booster (dT or TdaP)*						
Mumps, Measles, Rubella (MMR) *						
Polio (IPV)*						
Haemophilus Influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (Chicken Pox)						
Had Chicken Pox						

Tuberculosis (TB) Test Date: _____ Result: Negative Positive

If your participant has **NOT** been fully immunized, please sign the following statement: I understand and accept the risks to my minor from not being fully immunized.

CUSTODIAL PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO PARTICIPANT

DATE

Permission to Provide Necessary Treatment or Emergency Care:

In the event of a medical emergency requiring more than basic first aid, I understand that all attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my minor, UD Campus Recreation will contact EMS and, if necessary, transport my minor to the nearest emergency facility. **The information in this Emergency Medical Plan is true and correct as far as I know, and the person herein described has permission to engage in all camp activities except as noted.**

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

2018 Participation Agreement

NAME OF PARTICIPANT: _____

CONSENT, RELEASE, & MEDICAL AUTHORIZATION

By signing and submitting this registration form for the University of Dayton's Campus Recreation Programs. I give my permission for the above Participant, who is either my minor or legal ward ("My Minor"), to attend and participate in Campus Recreation Programs. I recognize and acknowledge that use of UD Campus Recreation facilities, equipment, and programs entails certain inherent risks that could result in physical or emotional injury. I voluntarily and freely assume any and all risks of accident, liabilities, injury, illness, or damage to or loss of property which My Minor may sustain as a result of participating in Campus Recreation Programs.

I declare that My Minor is in good health and has no mental or physical condition or symptoms that could interfere with his or her safety or the safety of others while participating in Campus Recreation Programs. Furthermore, I certify that I have adequate health insurance to cover any injury or damage that My Minor may suffer while participating in Campus Recreation Programs, or alternatively, I agree to bear all costs associated with any such injury or damages to My Minor.

Should a medical emergency arise with respect to My Minor, as such emergency is determined to exist in the discretion of the University of Dayton, I hereby authorize the University, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of My Minor. This includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for My Minor. This authorization constitutes a waiver of any applicable provisions of the Health Insurance Portability and Accountability Act ("HIPAA"). Although the University has Emergency Contact Information as provided on the Registration Form, actually reaching a listed Emergency Contact is not a prerequisite to the provision of medical or dental treatment, or the disclosure of medical information as set forth in this paragraph. I will be responsible for payment of any and all medical services rendered. I further authorize those in charge of Campus Recreation Programs to receive physical custody of My Minor upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of My Minor to said adult.

I the undersigned do hereby release, hold harmless, indemnify, waive and discharge the University of Dayton and all its officers, agents, students, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages My Minor may suffer or sustain by his or her participation in Campus Recreation Programs.

By signing below, I represent that I am a custodial parent or legal guardian of the individual identified as "My Minor" in this form, I have all rights as a parent or legal guardian of a minor under Ohio law, and have the authority to execute this waiver and release on behalf of his/her and my interests.

PHOTO CONSENT

Yes, my child has my permission to be included in media relating to the University of Dayton and Campus Recreation. I hereby consent to the University of Dayton's use of quotes, photographs, movies or videotapes of My Minor in or regarding the program activity. I also grant the University of Dayton the right to edit, use and reuse said products that are produced during the Campus Recreation Programs.

No, my child does **NOT** have my permission to be included in University of Dayton or Campus Recreation media. By checking the preceding box, I do not consent to the University of Dayton's use of quotes, photographs, movies or videotapes of My Minor in or regarding the program activity. Even though I have checked this box, I understand that it is my, as the parent, or My Minor's responsibility to specifically notify either the person in charge of the program, the photographer or any other adult who is involved in this program of my refusal to allow My Minor's quotes, photographs, movies or video tapes that could/are made during this program to be used by the University.

Consent/Release/Medical Authorization Continued | **2018 UDCR Minor EMP**_____
NAME OF PARTICIPANT**EMERGENCY COMMUNICATIONS**

In the event of an emergency, the University will use reasonable attempts to contact the parents/guardians and emergency contacts listed on the Registration Form, until a "live" person is reached or responds. Note that, as outlined under the "Medical Authorization" section above, emergency care may be provided prior to establishing contact with a parent/guardian and/or emergency contact. A parent/guardian or other emergency contact with information or questions regarding a real or potential emergency contact should contact the emergency contact person for the Campus Recreation Programs, Camp Director, at 937-229-2731.

AGREEMENT

I hereby agree to My Minor's participation in Campus Recreation Programs on all the terms outlined in this consent, release, and medical authorization Registration Form.

LEGAL NAME OF MINOR PARTICIPATING IN PROGRAMS_____
PRINT NAME OF PARENT/LEGAL GUARDIAN_____
SIGNATURE OF PARENT/LEGAL GUARDIAN_____
DATE**ROCK WALL PARTICIATION AGREEMENT (RECKids Camp ONLY)**

During RECKids Camp, your child may have the opportunity to climb (top rope or boulder) under the supervision of trained staff at the Rock Wall in the RecPlex. If you have questions about the nature of this activity or the equipment utilized, please contact the camp director.

I hereby acknowledge and agree that climbing and the use of the University of Dayton Climbing Wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing including but not limited to:

- All manner of injury resulting from being dropped to the ground during belaying or lowering.
- Injuries resulting from falling off the Rock Wall and impacting against the wall or ground.
- Failure of rope, slings, harness, climbing hardware, anchor points, or any part of the Rock Wall or structure.

I have read and fully understand the above statements for the Rock Wall Participation Agreement and under the supervision of trained staff; my child has my permission to climb at the UDCR Rock Wall.

LEGAL NAME OF CHILD PARTICIPATING IN ROCK WALL EVENT_____
PRINT NAME OF PARENT/LEGAL GUARDIAN_____
SIGNATURE OF PARENT/LEGAL GUARDIAN_____
DATE