

# MCRC Youth Day Camp Emergency Procedure Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Other Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

## HEALTH INFORMATION

Diabetic  NO  YES please explain \_\_\_\_\_

Allergies (including food)  NO  YES please explain \_\_\_\_\_

Medications  NO  YES please explain \_\_\_\_\_

Surgery  NO  YES please explain \_\_\_\_\_

Special Needs  NO  YES please explain \_\_\_\_\_

Problems with  Vision  Hearing  Speech  Behavior Please explain \_\_\_\_\_

Please indicate your child's swimming ability.  Excellent  Fair  Poor

PLEASE COMPLETE PART I OR PART II BELOW

### PART I: Permission to Transport Child

I give the Medina Community Recreation Center my permission to transport (name of child) \_\_\_\_\_

To (name of hospital/clinic) \_\_\_\_\_ for emergency medical or

To (name of dentist/clinic) \_\_\_\_\_ for emergency dental care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART II: Refusal to Grant Permission

I **DO NOT** give the Medina Community Recreation Center my permission to transport (name of child) \_\_\_\_\_  
for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish  
the Medina Community Recreation Center to take the following actions \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Contract

I have had the opportunity to read the Day Camp General Guidelines and Rules in the Youth Day Camp flier and address any concerns or questions I may have had. I agree to follow the policies and procedures and understand that failure to adhere to these policies may result in a suspension or loss of camp privileges without the opportunity for a refund.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Wavier

In consideration of the City of Medina and the MCRC granting me permission to engage in the recreational activities at the Medina Community Recreation Center, the undersigned does hereby waive, release, save, and hold harmless and indemnify the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors for any and all claims for damage for personal injury to me or loss of property which may be caused by any act or failure to act on the part of the City of Medina and the MCRC, their organizers, officers, employees, agents, and sponsors. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without me or my child's name, both single and in conjunction with other persons or objects for the purpose of advertising and publicity only. The undersigned further assumes the risk of all dangerous conditions in and about the MCRC property both real and personal and waive any and all specific notice of the existence of such dangerous conditions if any.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)



# PICK-UP AND SIGN-OUT AUTHORIZATION FORM

Please list the people you authorize to pick-up and sign-out your child from MCRC programs. Please inform these individuals that they will be required to present a photo ID when picking up the child. The individuals listed will also be contacted in the case of an emergency if the parent/guardian cannot be reached. This form will be kept on file for one year. Parents/Guardians are responsible for informing staff of any information changes or updates.

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

**PLEASE INCLUDE PARENTS IN ADDITION TO OTHER APPROVED ADULTS**

1. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

2. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

3. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

4. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Is there anyone who may **NOT** pick-up your child? \_\_\_\_\_

Are there any special custody or visitation arrangements which we should be aware of?  NO  YES

Please attach a copy of legal documentation if necessary

I understand that the MCRC Staff will not release my child to anyone who is not listed above. I also realize that the people on this list may be asked to produce photo identification upon signing out my child. In the event that any of this information changes, I will notify the MCRC staff in writing. In the case of late pick-ups, a late fee of one dollar (\$1.00) per minute will be assessed and added to my account. Future service will not be granted until late fees are paid in full. Repeated abuse of late pick-ups may result in loss of privileges.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST FOR ASSISTANCE IN THE APPLICATION OF SUNSCREEN

As parent/guardian of \_\_\_\_\_, I hereby consent for medically untrained program personnel of the Medina Community Recreation Center to assist in administering (to the face and exposed areas on neck and shoulders only) the following items that I provide:

\_\_\_\_\_ Sunscreen/Sunblock – Brand Name \_\_\_\_\_

\_\_\_\_\_ Insect Repellent – Brand Name \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

In the event that I have forgotten to provide my own sunscreen or insect repellent, and it is deemed necessary by the staff to have such product administered:

\_\_\_\_\_ I would like to have the staff call me at home or work, so I can drop off a specific product

\_\_\_\_\_ I consent to have the staff administer available Sunscreen/Insect Repellent provided by the camp

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# REQUEST FOR ASSISTANCE FOR ADMINISTRATION OF MEDICATION

The following information is necessary for any child to possess or use prescribed medication or treatments during any MCRC program. I hereby request and give permission to designated personnel of the MCRC to help in the self-administration of medication to my child. I am sending medication, sunscreen and bug spray in the original container (with child's name and dosage amount) from our licensed physician/pharmacist. Please send only the medication that your child will currently need. I am responsible to notify the summer camp staff, in writing, of any changes to the authorization agreement. I understand and acknowledge that an employee of the MCRC who is not medically trained may render such assistance. There will not be any designated personnel available for procedures for which specific medical training is necessary. I hereby release and hold harmless the City of Medina & the MCRC and/or its sponsors, volunteers, and employees from any and all liability for damages directly or indirectly resulting from this assistance. I agree to submit a revised signed statement if this information should change at any time.

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

## Section I: Physician's Instructions

(Name of Child) \_\_\_\_\_ is under my care and should receive (Name of Medicine) \_\_\_\_\_ (Dosage) \_\_\_\_\_,

As follows \_\_\_\_\_.

Specific instruction for administration: \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

Expiration date (may not exceed six months from date of this request) \_\_\_\_\_

Signature of Physician	Date of Signature	Telephone Number
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*Section I does not need to be completed for certain non-prescription items: fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.*

## Section II: Parent/Guardian Request for the Assistance in the Administration of Non-Prescription Medication

I hereby request and give permission to the MCRC to administer the following medication to my child:

Name of Child	Name of Medication
Dosage Amount	Time(s) of Dosage
Parent/Guardian Signature	Date