



Topical Ointment & Sunscreen Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Release and Indemnification Agreement

| Part I Parent or Guardian to complete and sign for over-the-counter medications: chap stick, lotion, diaper cream, sunscreen, etc. | |
|--|---|
| I hereby request YMCA Child Care personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use medication, provided YMCA Child Care staff members comply with the parent or guardian orders set forth in accordance with the provision below. I have read the procedures outlined on the bottom of this form and assure responsibility as required. | |
| Child's Full Name (printed) | |
| Medications (sunscreen, lotion, diaper cream, chap stick, etc.) | |
| 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 given at the YMCA Child Care Center (e.g. mg, ml, or cc) | Time(s) or interval between times to be given |
| Please list any adverse reactions or side effects. | |
| <hr/> Parent or Guardian Name (Print or Type) Parent or Guardian Signature Telephone Number Date <small>(Not Required of Physician signs)</small> | |

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30. Updated 10/17/16

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization: some medications also require physicians orders. Medication must be turned in at your YMCA Child Care Program's desk 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 YMCA Child Care personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.**
3. **The first dose of any medication must be given at home.**
4. The parent or guardian is responsible for submitting a new form to the YMCA Child Care Center at the time of registration or the start of the program.
5. Medication will be stored in a locked area accessible only to authorized personnel.
6. YMCA of Metropolitan Washington Child Care/Summer Camp programs do not assume responsibility for authorized medication taken independently by the student.
7. In no case may any YMCA Child Care Center staff or member administer any medication outside the framework of the procedures outlined here.
8. All medications should be in original containers, with directions, expiration date, and child's name clearly marked.



YMCA of Metropolitan Washington
Summer Day Camp 2018
Inclusion Form

The YMCA of Metropolitan Washington is committed to living out our value of inclusiveness which guarantees non-discrimination and equal access for all in our programs, services, and activities, and will provide reasonable accommodations upon request. Inclusion information for children with special needs must be provided at the time registration & directly to the child's Camp Director on the first day of each camp. Parents must submit Medication Authorization Forms for any medications (including OTC medications, Epi-pens, insulin or foods that treat medical conditions).

1) Name of the Child: _____

2) Age of the Child: _____

3) Camp(s) & Week(s) Attending: _____

4) Name and phone numbers for the parent/legal guardian(s):

Parent/Legal Guardian 1:

Name: _____ Phone: _____

Parent/Legal Guardian 2:

Name: _____ Phone: _____

5) Describe the characteristics of your child's special needs:

6) What type of support do you feel your child needs?

7) Does the child have any "triggers" that staff should be aware of?

8) Are there any other special concerns that staff should be aware of?

9) Does the parent have any "tips" or suggestions on how to address special concerns?

10) Does the child have any favorite books, toys or "security" items that would be appropriate to send to camp?
(Must be approved by the Camp Director.)

11) Does the child exhibit severe emotional or physical reactions?

12) When should staff call the parent/guardian? (Parents/legal guardians will always be called if medical attention is required.)

13) Does the child require medications?

14) Other pertinent information/concerns.

All children with special needs or developmental disabilities must consult with camp staff prior to camp before registration can be considered complete. The YMCA will make accommodations to the fullest extent possible based on available resources. One-on-one assistance is not guaranteed.

Parent's Name (Please Print)

Parent's Signature

Date

Internal Use: A copy of this form has been provided to the Camp Director.

Registrar Signature

Date



Epinephrine Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

| Part I Parent or Guardian to Complete | | | |
|--|------------------------------|----------------------------|-------------|
| I hereby authorize YMCA Child Care personnel to administer epinephrine injection (s) as directed by the physician (part II). I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for administering the injection, provided they follow the physician's order (part II). I am aware that the injection may be administered by a specifically trained non health professional. I have read the procedures outlined on the back of this form and assume responsibility as required. | | | |
| I understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the student manifests any symptoms of anaphylaxis. | | | |
| Student Name (Last, First, Middle) _____ | | | |
| Date of Birth | School Name | School Year | Grade/Class |
| No YMCA 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 Physician to Complete | | | |
| Emergency injections are administered by nonhealth professionals. These persons are trained by a certified VA medical adminster trainer to admister the injection. For this reason, only premeasured doses of epinephrine my be given. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the injection. | | | |
| The following injection will be given immediately after report of expose to: _____ | | | |
| Indicate Specific allergens (s) _____ | | | |
| Route of exposure: <input type="checkbox"/> Ingestion <input type="checkbox"/> Skin contac <input type="checkbox"/> Inhala <input type="checkbox"/> Insect Sting or bite | | | |
| Please note any adverse reactions or side effects. _____ | | | |
| Check the appropriate boxes: | | | |
| <input type="checkbox"/> Give the premeasured dose of 0.3mg epinephrine 1:1,000 aqueous solution (0.3cc) by autoinjection. | | | |
| <input type="checkbox"/> Repeat dose in 15 minutes if EMS has not arrvied. (two premeasured doses will be needed in school age.) | | | |
| <input type="checkbox"/> Give the premeasured dose of 0.15mg epinephrine 1:2,000 aqueous solution (0.3cc) by autoinjection. | | | |
| <input type="checkbox"/> Repeat dose in 15 minutes if EMS has not arrived. (two premeasured does will be needed in school age.) | | | |
| Check the appropriate box: | | | |
| I believe that this student has received adequate information on how and when to use epinephrine. | | | |
| <input type="checkbox"/> The student is to carry an epinephrine autoinjector during the school age/summer camp program with the director's knowledge. The student can use the epinephrine autoinjector prperly in an emergecny. One additional dose to be used as backup, should be kept in another YMCA location. | | | |
| <input type="checkbox"/> The epinephrine autoinjectotr will be kept in the YMCA school age room or following program approved location: _____ | | | |
| Effective Date: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____ | | | |
| Physicians Name (Print or Type) | Physician Signature | Telephone Number or Fax | Date |
| Parent or Guardian Name (Print or Type) (Not Required of Physician signs) | Parent or Guardian Signature | Telephone Number | Date |
| Student Signature (Required if child carries epinephrine) | Date | | |
| Part III Child Care Director to Complete | | | |
| Check box as appropriate | | | |
| <input type="checkbox"/> 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.) | | | |
| <input type="checkbox"/> 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 school.) | | | |
| Child Care Director Signature _____ | | Date _____ | |

Form must be updated yearly. The YMCA Child Care calendar runs from 9/1 to 8/30. Updated 10/17/16

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

1. Epinephrine may be given in school, during school-sponsored activities, or at a YMCA Summer Camp/Child Care Program only with both physician and parent or guardian-signed authorization.
2. This form must be on file in the clinic or in another approved location. The parent or guardian is responsible for obtaining the physician's statement in part II. For a student who attends a YMCA Summer Camp/Child Care Program, a copy of the medication form must be on file with the YMCA Program.
3. A new form must be submitted to the Program/school each school year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
4. A physician may use office stationery or a prescription pad in lieu of completing part II. Information necessary includes:
 - Name of student
 - Specific allergen for which epinephrine is being prescribed
 - Route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bite)
 - Brand name of medication
 - Amount of premeasured epinephrine
 - Time for repeated dose if deemed necessary
 - Duration of medication order and effective dates
 - Physician signature
 - Date
5. Only premeasured doses of epinephrine may be given by FCPS, FCHD, and YMCA Program staff members.
6. Medication must be properly labeled by a pharmacist. If a physician orders include a repeat of EpiPen or Twinject injection for a student who carries his or her own, then the parent or guardian must supply the school with two EpiPens or Twinjects. Expiration date must be clearly indicated and cannot expire during the period that the child is in camp.
7. Epinephrine must be hand-delivered to the school clinic by the parent or guardian unless approved for the student to carry during school and Summer Camp/SACC/Early Learning hours.
8. Unless the student has been authorized to carry epinephrine, the parent or guardian is to collect any unused epinephrine within one week after the end of expiration of the order or on the last day of school/Camp. Epinephrine not claimed within that period shall be destroyed.
- 9. Form must be updated yearly. The YMCA Child Care calendar runs from 9/1 to 8/30.**



Inhaler Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read information & procedures on reverse side

| | | | |
|---|--|-------------------------|-------------|
| Part I Parent or Guardian to Complete | | | |
| I hereby authorize YMCA Child Care personnel to permit the student identified below to use an inhaler in the program or camp as prescribed. I agree to release, indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use an inhaler, provided YMCA Child Care staff members are following physicians orders in Part II. | | | |
| Has the student taken this medication before? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.) First dose was given: Date: _____ Time: _____ | | | |
| Student Name (Last, First, Middle) | | | |
| Date of Birth | School Name | School Year | Grade/Class |
| No YMCA 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 Physician to Complete Information should be written in lay language with no abbreviations | | | |
| Diagnosis | List Triggers | | |
| Medications | Dosage to be given at YMCA Child Care Center | | |
| Symptoms or activity for which medication is ordered | Time(s) medication is given | | |
| Effective date: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____ | Time interval for repeating dosage | | |
| If the student is taking more than one medication, list sequence in which medications are to be taken | | | |
| Please list any adverse reactions or side effects. | | | |
| Check the appropriate box: I believe this student has received adequate information on how and when to use the inhaler and that he or she can use it properly. | | | |
| <input type="checkbox"/> The student is to carry an inhaler during YMCA Summer Camp/Child Care Center hours with the Program Directors knowledge. An additional inhaler, to be used as backup, may be kept in an approved YMCA location. | | | |
| <input type="checkbox"/> The inhaler will be kept in an approved YMCA location (specify) _____ | | | |
| Physicians Name (Print or Type) | Physician Signature | Telephone Number or Fax | Date |
| Parent or Guardian Name (Print or Type) (Not Required of Physician signs) | Parent or Guardian Signature | Telephone Number | Date |
| Student Signature (Required if child carries inhaler) | Date | | |
| Part III Child Care Director to Complete | | | |
| Check box as appropriate | | | |
| <input type="checkbox"/> 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.) | | | |
| <input type="checkbox"/> 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 school.) | | | |
| Child Care Director Signature | | Date | |

Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30. Updates 10/17/2016

Parent Information about Inhaler Procedures

1. Nonessential medication will not be permitted in the YMCA Summer Camp/Child Care program(s). Any medication taken in YMCA Child Care Center must have the parent or guardian –signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician’s statement in Part II.
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
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - 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.)
 - Symptoms, other medications the student is taking
 - Statement that the student may self-administer
 - Physician’s signature
 - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3 above.
5. The parent or guardian is responsible for submitting a new form to the YMCA Summer Camp/Child Care Center at the time of registration or the start of the program and each time there is a change in the dosage or in the time at which the medication is taken. The first dose of any new medication shall be given at home.
6. Inhaler must be hand delivered to the Program Director or Staff by the parent or guardian unless approved for the student to carry during the YMCA Child Care program hours.
7. Medication kept at the YMCA will be stored in a locked area only accessible to authorized personnel unless approved for the student to carry during the program hours. If a student carries his or her own inhaler, a backup may be kept in the clinic.
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(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
9. In no case may any YMCA Child Care staff member administer any medication outside the framework of the procedures outlined here and /or in YMCA Child Care Program regulations.
10. **Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.**



Prescription & Non-Prescription Medication Authorization

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Release and Indemnification Agreement

Please read information & procedures on reverse side

| | | | |
|---|-------------|---|-------------|
| Part I Parent or Guardian to Complete | | | |
| I hereby request YMCA Child Care personnel to administer medication as directed by this authorization. I agree to release, , indemnify, and hold harmless YMCA and any of their staff members, or directors from lawsuits, claims, expenses, demands, or actions, etc against them for helping this student use medication, provided YMCA Child Care staff members comply with the physician, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assure responsibility as required. | | | |
| Has the student taken this medication before? Yes <input type="checkbox"/> <input type="checkbox"/> no, the first full dose must be given at home to ensure that the student doesn't a negative reaction.) First dose was given: Date: _____ Time: _____ | | | |
| Student Name (Last, First, Middle) | | | |
| Date of Birth | School Name | School Year | Grade/Class |
| No YMCA 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 and for antibiotics and antiviral medication. Physicians must complete and sign for all other medications. | | | |
| The YMCA discourages the use of medication by students in the program/camp during the day. Any necessary medication that possibly can be taken before or after the program/camp should be so prescribed. Inject able medications are not administered in the program/camp except in specific emergency situations. YMCA staff will, when it is absolutely necessary, administer medication during the program and 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 given at the YMCA Child Care Center (e.g. mg, ml, or cc) | | Time(s) or interval between times to be given | |
| Effective date: taken <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ to _____ | | If the student is taking more than one medication, list sequence in which medications are to be | |
| Please list any adverse reactions/side effects. | | | |
| Physicians Name (Print or Type) | | Physician Signature | |
| Telephone Number or Fax | | Date | |
| Parent or Guardian Name (Print or Type) (Not Required of Physician signs) | | Parent or Guardian Signature | |
| Telephone Number | | Date | |
| Part III Child Care Director to Complete | | | |
| Check box as appropriate | | | |
| <input type="checkbox"/> 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.) | | | |
| <input type="checkbox"/> 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 school.) | | | |
| Child Care Director Signature | | Date | |

**Form must be updated yearly. The YMCA Child Care Center calendar runs from 9/1 to 8/30.
Updated October 17, 2016**

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in a YMCA Child Care Program must have a parent or guardian-signed authorization: some medications also require physicians orders. Medication must be turned in at your YMCA Summer Camp/Child Care Program desk 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 YMCA Summer Camp/Child Care personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly. The YMCA Summer Camp/Child Care Center calendar runs from 9/1 to 8/30.**
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 a 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 in 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 (e.g. milligram tablet, milligrams per ml/cc)
 - Frequency or time interval dosage is to b 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 YMCA Summer Camp/Child Care Center at the time of registration or the start of the program.
7. Medication will be stored in a locked area 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. YMCA of Metropolitan Washington Summer camp/Child Care programs do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any YMCA Summer Camp/Child Care Center staff or member administer any medication outside the framework of the procedures outlined here.



YMCA of Metropolitan Washington Program Participant Walk Home Permission Slip

Please fill out the following permission slip if you would like your child age 13 or older to be able to sign themselves out of camp and walk home. Additionally, please indicate whether you consent for your child age 13 or older to also sign out his/her younger siblings. Please print clearly and complete every section. Children under the age of 13 will not be allowed to sign themselves or siblings out. Children will only be able to sign out **after** the afternoon pick up at 4:15pm.

As the parent(s) or legal guardian(s) of the child(ren) named below, I agree as follows (check as applicable):

I give permission for my minor child _____, who is age 13 or older, to sign him/herself out of summer day camp at the _____.

I give permission for my minor child _____, who is age 13 or older, to sign out my minor child(ren) _____, who are under the age of 13.

I understand that after my child signs out, the YMCA of Metropolitan Washington will be under no obligation to supervise my minor child(ren) and will not be supervising my minor child(ren).

I understand that there are certain risks of injury inherent in a minor child signing out him/herself as well as his/her younger sibling(s), leaving the YMCA and travelling to another destination without adult supervision, and I am willing to assume these risks on behalf of my child(ren). Such risks may include, without limitation, criminal acts of third parties (stranger danger), road/traffic safety concerns, getting lost, and my child(ren) not following my instructions on where to go. I represent and warrant to the YMCA that I have instructed my/our child on safe practices and discussed how and where my child is to go after he/she signs himself/herself out of camp and that, as the child's parent/legal guardian, I am of the opinion that my child is old and mature enough to sign him or herself and his/her younger siblings out of camp. I also represent that my child(ren) has a place to go after camp sign out via a safe path of travel with which I am fully comfortable as the minor child's parent/guardian.

On behalf of myself and my child, I hereby unconditionally and irrevocably release, hold harmless, promise not to sue, and agree to fully indemnify the YMCA and its employees, officers, directors, volunteers, staff, board members, agents, representatives, successors, and assigns (collectively, "Released Parties") from and against any and all lawsuits, claims, demands, actions, suits, causes of action, liability, losses or damages, and any fees/ expenses/costs, of any kind whatsoever (including attorneys' fees and costs), whether known and unknown, that may arise from or are related to my child signing him or herself out and signing his/her younger siblings out from the camp without an adult and his/her/their departure

from the YMCA and traveling to another destination without adult supervision. This release is intended to have the broadest possible application and includes, but is not limited to, claims based upon any personal injury, illness, or death to any person, property damage or loss, whether or not any such loss, damage, injury, or death results from the negligence of any of the Released Parties.

I HEREBY WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM ON OR IN RESPECT OF ANY MATTER WHATSOEVER ARISING OUT OF OR IN ANY WAY CONNECTED WITH THIS AGREEMENT, INCLUDING WITHOUT LIMITATION ANY CLAIM OF INJURY OR DAMAGE.

This permission slip covers the following dates:

My contact number in the event of a question or concern is:

By signing below, I acknowledge that I have carefully read, understand, and voluntarily agree to the above assumption of the risk, release, waiver, indemnity and other terms of this YMCA Camper Walk Home Permission Slip – Summer Camp 2018.

Parent/Guardian (Print Full Name)
Name)

Parent/Guardian (Print Full

Parent/Guardian Signature

Parent/Guardian Signature

Date: _____

Date: _____

STATE OF _____

COUNTY OF _____