



NORTH
YARMOUTH
ACADEMY

RETURN THE COMPLETED FORMS (4 PAGES) TO:
KELLY ORR
NORTH YARMOUTH ACADEMY
148 MAIN STREET
YARMOUTH, ME 04096

RELEASE OF LIABILITY AND CONSENT TO MEDICAL CARE

For North Yarmouth Academy Summer Programs

Camper Name: _____

Camp Name(s)/Sessions: _____

Parent/Guardian Name: _____

The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or automobile to locations off the NYA campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation.

I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.

Date:

Signature of Parent/Guardian:

Consent to Use of Photographs

From time to time, North Yarmouth Academy may take pictures of campers for use in promotional materials on our website, in advertisements, brochures and in catalogues. Your signature below indicates your consent to the use of your child's photograph or likeness on the North Yarmouth Academy website and/or in other promotional material produced by the school. (Unless we obtain your express permission, which we would obtain in a separate consent, we do not identify individual students by name in these publications.)

Parent/Guardian signature: _____

DO NOT STAPLE

North Yarmouth Academy

Summer Programs 2012

HEALTH INFORMATION & AUTHORIZATION FOR HEALTH CARE

SIGNATURE REQUIRED on back/page 2

Camper's name: _____ Date of Birth: _____

Address: _____

Parent/guardian: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/guardian: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Physician/NP: _____ Town: _____ Phone: _____

Emergency contacts: Please list at least two local people we can contact (if we cannot reach a parent/guardian) when a camper is ill/injured: needing to leave school...needing emergency care....or wanting permission to walk/drive home.

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Health/Accident Insurance Policies: It is required that all campers have health insurance.

Name of Health Insurance Company _____

Subscriber's name, and company name: _____

ALLERGIES: Medications: _____

Food: _____

Epi-pen at camp: Yes No _____

Bees/Insects: _____

Other: _____

ASTHMA: _____

Inhaler at camp: Yes No _____

OTHER HEALTH CONCERN: _____

SIGNATURE REQUIRED ON BACK/PAGE 2

Camper's name: _____

It is important that when providing care, the NYA Summer Programs and Emergency Health Providers have CURRENT health information including significant health concerns and medications. If changes occur during the summer program, please contact the session director/coach.

SIGNIFICANT HEALTH HISTORY OR RESTRICTIONS: (i.e. asthma, diabetes, orthopedic, gastrointestinal, emotional and or learning disabilities). **If more space is required, attach additional paper.**

MEDICATIONS: Please note whether medications are taken at home or school.

- If a camper requires medication (prescription or over-the-counter) during camp hours, a parent **MUST** notify the session director/coach, discuss the plan for administration and complete appropriate forms.
- Medication **MUST** always be in the original labeled container. Campers are **NOT** allowed to carry medication: prescription or over-the-counter, unless authorized by the session director/coach, and with a physician's order.

MEDICATION	Dose & Frequency	Purpose	Home	School

AUTHORIZATION FOR FIRST AID AND ADMINISTRATION OF SPECIFIED OVER-THE-COUNTER MEDICATIONS:

The following over-the-counter medications are available for campers. Please designate permission to administer, with an "x" by each choice. I hereby authorize camp personnel to provide first aid and administer designated over-the-counter medications – (prn = as needed).

IF THERE IS NO MARK, IT IS ASSUMED THERE IS NOT PERMISSION TO ADMINISTER

Medication	Dose & Frequency	Purpose	Yes
Acetaminophen/Tylenol	650 mg, every 4 hours prn	headaches, mild pain	
	1000 mg, every 4 hours prn	older student, moderate pain	
Ibuprofen/Advil/Motrin	400 mg, every 4 hours prn	headaches, mild pain	
	600 mg every 4 hours prn	older student, moderate pain	
Diphenhydramine/Benadryl	25 mg every 6 hours prn	mild allergic reactions	
	50 mg every 6 hours prn	moderate allergic reaction	
Tums	2-4 every 4 hours prn	antacid for upset stomach	

EMERGENCIES AND RELEASE OF INFORMATION:

In the event of an emergency, I authorize transport to an emergency facility and any medical and/or surgical treatment for the camper deemed advisable in the diagnosis and treatment of an illness or injury. Every attempt will be made to contact parent/guardian in the event of an emergency. I also authorize release of information on this form to camp staff, field trip chaperones, health insurance companies, and healthcare providers as needed in an emergency. I acknowledge that this form may be copied (placed in a non-revealing envelope/binder to assure confidentiality) for the purpose of providing availability of information when the camper is off campus for field trips.

Parent/guardian signature: _____ Date: _____

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Authorization for Administration of Medication by Camp Personnel:

To the Physician: Attached signed prescription accepted in lieu of completion of physician portion

Camper: _____ Grade: _____

Medication: name, dose and frequency: _____

Possible side effects and significant medical information: _____

Physician Signature: _____ Date: _____

Address: _____ Telephone: _____

To the parent:

I hereby give permission for designated North Yarmouth Academy employees to administer or monitor self-administration of the above authorized medication to: _____

I further understand that it is my responsibility to furnish this medication and any authorized refill. I understand that North Yarmouth Academy, its officers, agents, and/or any summer program employee who administers the medication to my child, in accordance with written instructions from the prescribing physician, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my child due to the administration or failure to provide the drug. The summer program reserves the right to not administer the medication should circumstances warrant such action. In such a circumstance the parents/guardian are to be notified as soon as possible.

I understand that all medication provided to the summer program must be in the original pharmacy container, properly labeled with the campers name, medication name, dosage and frequency. The medication will remain in the custody and control of the session director/coach.

Comments: _____

I acknowledge that I agree with the above statement and will comply with its requirements.

Signature of Parent/Guardian _____ Date: _____