

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

PLEASE READ THE FOLLOWING CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING WAIVER:

I hereby grant permission for my child to participate in the Northumberland Summer Youth and Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. _____ (*please initial*)

I assume, for and on behalf of my child/children, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor sports programs and camps, and that my child is sufficiently, physically, and psychologically fit to participate and has not been advised otherwise by a physician. Although the Town of Northumberland endeavors to provide nut free programs, I understand that the Town cannot guarantee that the program premises in which it is held is totally free of exposure to nuts and nut-products.

I agree to indemnify and hold harmless the Town of Northumberland, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to reasonable attorney’s fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold harmless from any and all liability, for any physical or mental injury or aggravation of any pre-existing illness, handicap, death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Northumberland Parks & Recreation Department, the Town of Northumberland, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either I or the emergency contact cannot be timely reached.

Parent/Guardian Signature _____ **Date** ____ / ____ / ____

Witness Signature _____ **Date** ____ / ____ / ____

I give my child/children permission to ride his/her/their bike(s), walk or skate to the Town of Northumberland Summer Recreation Program.

I give my child/children permission to ride his/her/their bike(s), walk or skate from the Town of Northumberland Summer Recreation Program.

SPECIAL ACCOMODATIONS

The Town of Northumberland Parks and Recreation Department supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate, and someone will contact you.

MEDICAL INFORMATION: Please describe any allergies, medical problems, or other conditions, such as behavioral or anxiety disorders of which counselors should be made aware. Use a separate sheet if necessary.

PERSONAL INFORMATION: Please describe any personal situation that we need to be aware of, such as a restraining order, problems with other children, etc. Use a separate sheet if necessary.

Medical Information (MANDATORY)

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as unexpected medical, dental, surgical care, or hospitalization may be required.

MINOR(S) INFORMATION including HOSPITALIZATION COVERAGE		
Name of Minor(s) _____ _____ _____	DOB (mm/dd/year) ____/____/____ ____/____/____ ____/____/____	Insurance Company or Government/ID or Contract # _____ _____ _____
ALLERGIES and SPECIAL CONDITIONS		
Name of Minor(s) _____ _____ _____	Allergies (food & environmental), Special Conditions _____ _____ _____	
IMMUNIZATION INFORMATION		
Name of Minor(s) _____ _____ _____	Immunizations are Up-to-Date <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Tetanus Shot ____/____/____ ____/____/____ ____/____/____
I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint: Town of Northumberland, PO Box 128, 17 Catherine Street, Gansevoort, NY 12831 to act in my/our behalf in authorizing unexpected medical, dental, surgical care, and hospitalization for the above named minor(s) during the period of my/our absence from ____/____/____ through ____/____/____.		
Parent/Guardian (Print/Sign/Address) _____ _____ _____, ____	Parent/Guardian (Print/Sign/Address) _____ _____ _____, ____	
Witness (Print/Sign/Address) _____ _____ _____, ____	Witness (Print/Sign/Address) _____ _____ _____, ____	
PHYSICIAN INFORMATION		
Physician Name/Practice Name _____ _____	Address _____ _____, ____	Phone Number _____

***In the event of an emergency your child will be brought to the nearest hospital.**

****If this information changes at any time during the program dates it is your responsibility to notify the camp in writing.**

Parent Information about Medication Procedures

1. Medications should be taken at home whenever possible. Any medication taken in Summer Camp must have a parent or guardian-signed authorization. Some medications also require physician's orders. Medication must be turned in to the Summer Camp Director 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 Summer Camp personnel without receipt of completed and appropriate medication forms. **Form must be updated yearly or as needed. Summer Camp calendar runs from 07/09/2024 to 08/15/2024.**

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 age/summer camp (e.g. milligram tablet, milligrams per ml/cc)
- Frequency or time interval dosage is to be 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 Summer Camp at the time of registration or the start of the program.

7. Medication will be stored in a secured location 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. The Town of Northumberland, its employees and personnel does not assume responsibility for authorized medication taken independently by the student.

11. In no case may any Summer Camp staff member administer any medication outside the framework of the procedures outlined here.

Form must be updated yearly or as medication information changes. Summer Camp calendar runs from 07/09/2024 to 08/15/2024.

The form (below) must be completed and signed by a parent/guardian and returned to the Town Hall along with your fully completed application or to the Camp Director the first day of camp.

2024 Town of Northumberland Summer Youth Program Photo Release Form

CONSENT:

I, _____, give permission and consent for
(parent/guardian name...please print)

_____ to be photographed during camp
(child(ren)'s name(s)...please print)

session activities. I further give permission and consent that any such photographs may be published and used by the Town of Northumberland Summer Youth Program to illustrate and promote the camp experience and its camp programs.

or NON-CONSENT:

I, _____, DO NOT give permission nor consent for
(parent/guardian name...please print)

_____ to be photographed during camp
(child(ren)'s name(s)...please print)

session activities. I further DO NOT give permission nor consent that any such photographs may be published and used by the Town of Northumberland Summer Youth Program to illustrate and promote the camp experience and its camp programs.

(parent/guardian signature)

(date)

2024 TOWN OF NORTHUMBERLAND SUMMER CAMP BEE BEHAVIOR CONTRACT

BEE SAFE

Follow all instructions / directions of your counselor and staff

Stay with your counselor at all times

Keep your hands, feet and objects to yourself

Wear your tie dye shirt to camp *everyday!!*

Wash your hands before eating



BEE RESPECTFUL, KIND, COUREOUS and HELPFUL

Use kind words

Use appropriate language

Use your manners (please and thank you)

Share with each other

Arrive at camp quietly and calmly (*no running, shouting...etc*)

Respect each other's belongings

Use words to resolve problems

Be a good listener – *directions should be followed the first time they are given.*



BEE RESPONSIBLE

Clean up after yourself – leave no messes behind

Help others clean up – if you see trash, pick it up

Let a counselor know if you or someone else needs help

Do not share any food



BEE HONEST

Always tell the truth

Take responsibility for your actions

Please also BEE aware:

If you see this sign



you must check with a

counselor before entering that area.

What happens if I am not BEE ing the Best Camper that I can BEE ?

1st Time: Your counselor will let Miss. Mariah know what happened, it will be documented, and you will be given a verbal warning.

2nd Time: Your counselor will let Miss. Mariah know what happened, it will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you may be asked to sit out of an activity to *think* about your BEE havior.

3rd Time: Your counselor will let Miss. Mariah know what happened, it will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you may be asked to sit out of an activity to *think* about your BEE havior as well as stay home from camp for 1 or 2 days depending on the severity of the offense.

4th and Final Time: Your counselor will let Miss. Mariah know what happened, it will be documented, and you will have a meeting with your counselor and Miss. Mariah. Your parents will be notified, and you will no longer BEE able to attend our camp.

A note to parents:

At our camp, we strive to create a safe, inclusive, and enjoyable environment for all campers and staff. In order to achieve this, we have established the above behavior policy that every camper is expected to adhere to. In the event, that your child is not adhering to the policy above we will make all reflections of behavior positive. We will be sure that your child has the chance to communicate their perspective, and the staff member has a chance to explain how their actions violated the agreed upon behavior policy. Before returning to any camp activity, your child will work with a staff member to brainstorm a better choice that could be made in the future to prevent a repeat of the behavior that violated our camp policy. **Please review the policy with your child(ren) prior to opening day.**

If you have any questions, please contact Miss. Mariah.

The Town of Northumberland Summer Camp Behavior Contract rules and consequences are to be read and accepted by both the child(ren) and parent/guardian prior to arrival on the first day of camp. This contract will also be reviewed with your child(ren) during the opening day of camp and signed by your child(ren)'s counselor(s).

The acceptance agreement (below) must be signed by both you and your child and returned to the Town Hall along with your fully completed application.



2024 Town of Northumberland Summer Camp Behavior Contract

I have read and understand the Summer Camp Rules and Consequences. I agree to abide by them.

Date Signed

Camper / Youth _____

Print Name

Signature *(if you know cursive)*

Parent / Guardian _____

Print Name

Signature

Date Signed

Counselor _____

Print Name

Signature

Camp Director _____

Print Name

Signature

(Additional copies available upon request – one contract per camper)

*** Additional copy ***

2024 Town of Northumberland Summer Camp Behavior Contract

I have read and understand the Summer Camp Rules and Consequences. I agree to abide by them.

Date Signed

Camper / Youth _____

Print Name

Signature *(if you know cursive)*

Parent / Guardian _____

Print Name

Signature

Date Signed

Counselor _____

Print Name

Signature

Camp Director _____

Print Name

Signature