

This form needs to be filled out on-line and then printed, signed and mailed to Jill Eldred at address to the right.

Mail application to:
Jill Eldred
1007 Eldridge Dr.
Kalamazoo, MI 49006

There are six pages to be filled out below.
All blank spaces need to be filled in. Where it is not applicable, please put NA.

REGISTRATION AND HEALTH INFORMATION FORM
(To be completed and signed by a parent or legal guardian)

Name of Student Male Female

Birth date Address

City State Zip Student's Email Address

Name of School Grade Parent's Email Address

Name of Sponsoring Rotary Club

Parent/Guardian Name:

Home Phone: Work Phone:

Student's Cell Phone: Parent/Guardian cell phone:

In case of emergency, please try to contact us at the following telephone numbers:

Home: Work: Cell: Other:

Name of Physician: Phone:

IF YOUR CHILD WILL BE TAKING MEDICATION WHILE AT CAMP, READ AND COMPLETE THE MEDICATION PERMISSION FORM

List any recent injury, illness, infections disease, chronic disease, or physical limitations:

Does your child have any allergies to foods, drugs, animals or bee/wasp stings? (explain reactions and management).

If your child complains of a headache or minor discomfort, we have the following available: May we administer: Please check box if okay.

Non-aspirin (acetamenophen) Ibuprofen (tablet) Antacid (i.e.Tums) Sudafed or Benedryl

Name of Health Insurance Company:

Group and Policy Number:

If your family **does not** have health insurance, see the Insurance Release form: **Under Downloads.**

RYLA Photo Release

RYLA camp routinely takes pictures of your student for identification purposes, group photos of activities and a general group photo. Activities are then published on the Rotary District 6360 Web site for purposes to promote camp for future students. It is important to have your student's photo for ID purposes. The following is a photo release form that needs to be signed by the student's parent or guardian.

Please check one of the two boxes below:

I give permission to have my student photographed for the RYLA identification purposes and group photos to be used by Rotary District 6360 for the District Web site brochures and for other promotion purposes including advertising the RYLA camp experience.

I give permission to only have my student photographed for **RYLA identification purposes during the RYLA camp weekend**. No photos are to be used for promotion or advertisement purposes.

The undersigned hereby releases and agrees to indemnify Rotary District 6360 their successors and assigns from any and all claims for libel, slander, invasion of privacy or any other claim whatsoever, arising out of the use of such names, images, photographs and statements.

Permission for treatment

This health history is correct to the best of my knowledge. I give my permission for my child to attend the residential camp program and participate in all planned activities. I understand that in case of illness or accident an attempt will be made to contact me at the telephone numbers listed above. In an emergency, if camp personnel are unable to contact me, I hereby give permission to the Outdoor Education Center, a children's camp licensed by the Michigan Department of Consumer and Industry Services, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician. I understand that my child will not be released from the camp for any other purpose without expressed written consent of a parent or guardian.

By checking this box I have read and reviewed this entire form and agree with it. I also understand to complete the course, my student must stay to its conclusion.

Signature (must be parent or legal guardian):

Date

PLEASE READ CAREFULLY

In consideration of the services of The Battle Creek Public Schools Outdoor Education Center, its owners, agents, officers, employees, volunteers, participants, and all other persons or entities acting on its behalf (hereafter referred to as the BCPS OEC), I hereby agree to release, indemnify, and hold harmless as follows:

I acknowledge that my participation in challenge activities at the BCPS OEC is voluntary. I understand there is known risk and unforeseen risk involved, but that such risk plays a key role in challenge activities. I elect to participate in the challenge activities in spite of such risk.

Risks that may be involved, but are not limited to: slips, falls, and falling, rope burns, pinches, scrapes, twists, and jolts, which have the potential for resulting in emotional injury, scratches, bruises, sprains, lacerations, fractures, concussions, paralysis, death, or damage to myself, to property, or to third parties. The location of the activity may place me in contact with plants, animals, or insects, which have the potential of causing stings, allergies, and associated diseases.

I certify I will be in compliance with all standards, guidelines, and procedures of the challenge activities as established by the instructor. I understand that the instructors are knowledgeable and trained in facilitating the challenge activities, but they are not infallible or able to foresee all dangers and hazards.

I certify that I will not be under the influence of, or in possession of any controlled substance including alcohol while on the BCPS OEC premises. I also will not be in possession of any weapons while on the BCPS OEC premises.

I am aware that signing this document authorizes the BCPS OEC to secure medical advice and services as deemed necessary for the health and safety of myself, and I agree to accept financial responsibility.

I agree to bear the responsibility of costs myself if the BCPS OEC, or anyone acting on its behalf, is required to incur attorney's fees or costs to enforce this agreement. I agree that if any portion of this agreement is found void or unenforceable, the remaining portion shall remain in full force and effect.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the BCPS OEC from all claims, demands, or causes of actions, which are in any way connected with my participation in the challenge activities or my use of the BCPS OEC's equipment or facilities, except that which arises out of gross negligence of the BCPS OEC.

PARTICIPANT NAME: Please type or print

PARENT/GUARDIAN NAME: Please type or print

PARENT/GUARDIAN SIGNATURE _____ Date

RYLA INFORMATION ON MEDICATION

(Please read carefully as new state regulations regarding the administration of medication have recently been passed by the legislature.)

If your student will be using medications at camp, please remember:

In order for your student to receive prescription medication while at camp, a **MEDICATION PERMISSION FORM** must be completed and signed by the parent/guardian.

All medication must be sent in the original container. This includes all prescriptions, vitamins, allergy medicines, cough drops, etc. Individually packaged medicines must come in the gross container. **Medicine not sent in the original container cannot be dispensed. The original pharmacy label must accompany prescription medications.** This includes inhalers and unit dose medications (i.e. Albuterol, Proventil, and Intal). **Prescription labels must not be older than three months** in accordance with the BCPS medication policy. Any prescription older than three months must be cleared through Jill Eldred, RN, contact information below.

Medications cannot be combined in one bottle i.e.: putting 5mg and 10mg Ritalin in the same bottle, or Tylenol and Advil in the same bottle.

All over-the-counter medicine (that you list on the back of the Medication Permission Form) will be given as recommended by the manufacturer. This includes allergy medication, cold medication, pain relievers, etc. **Without this information, the medication cannot be given.**

Herbal remedies and herbal supplements must be accompanied by written instruction from the parent/guardian.

If your student is required to personally carry emergency medication (inhaler, epi-pen, glucose injection) on their person, written permission from the parent /guardian with instructions on prescription bottles is required along with an **Emergency Care Plan** written by the physician and parents. (House Bill No. 5087)

Medication that has reached its expiration date **cannot** be given.

If you have any questions regarding medications please call **Jill Eldred, RN**, prior to your student arriving at camp at **269-762-2314, after 5pm.**

Complete this form if your child will be bringing medication to camp.

**RYLA
MEDICATION PERMISSION FORM**

Student's Name Date of Birth

IN ORDER FOR YOUR CHILD TO RECEIVE MEDICATION WHILE PARTICIPATING IN THIS PROGRAM, STATE AND SCHOOL REGULATIONS **MUST** BE MET. **THEY ARE LISTED BELOW:**

I will be sending the listed medications to the Outdoor Education Center, Clear Lake Camp to be administrated to my child while at camp. I understand medication will be administered exactly as per the directions of the prescribing physician on the prescription bottle.

TO BE COMPLETED BY PARENT/GUARDIAN SENT IN WITH APPLICATION

Prescription Medications:

Name of Medication:	<input type="text"/>	Dosage:	<input type="text"/>	Frequency	<input type="text"/>
Name of Medication:	<input type="text"/>	Dosage:	<input type="text"/>	Frequency	<input type="text"/>
Name of Medication:	<input type="text"/>	Dosage:	<input type="text"/>	Frequency	<input type="text"/>
Name of Medication:	<input type="text"/>	Dosage:	<input type="text"/>	Frequency	<input type="text"/>
Name of Medication:	<input type="text"/>	Dosage:	<input type="text"/>	Frequency	<input type="text"/>

Non-Prescription Medications:

Name of Medication:	<input type="text"/>	Reason for taking:	<input type="text"/>
Name of Medication:	<input type="text"/>	Reason for taking:	<input type="text"/>
Name of Medication:	<input type="text"/>	Reason for taking:	<input type="text"/>
Name of Medication:	<input type="text"/>	Reason for taking:	<input type="text"/>

PARENT/LEGAL GUARDIAN SIGNATURE: _____
PARENT/LEGAL GUARDIAN NAME (PRINT): _____

Home Phone: Work Phone Cell Phone

MEDICATION REGULATIONS AND REQUIREMENTS:

1. ALL MEDICATION MUST BE SENT TO CAMP IN THE ORIGINAL CONTAINER.
2. LABELS ON PRESCRIPTION MEDICATION CANNOT BE OLDER THAN 3 MONTHS.
3. NO MEDICATION CAN BE GIVEN WITHOUT WRITTEN PERMISSION FROM THE PARENT/LEGAL GUARDIAN.
4. ALL PRESCRIPTION MEDICATION COME IN THE ORIGINAL CONTAINER ISSUED BY THE PHARMACY AND INCLUDE, NAME, DOSE, TIMES GIVEN.
5. OVER THE COUNTER MEDICATION MUST BE GIVEN AS RECOMMENDED ON THE ORIGINAL CONTAINER UNLESS ACCOMPANIED BY WRITTEN DIRECTIONS FROM A PHYSICIAN.
6. MEDICATION THAT HAS EXPIRED WILL NOT BE GIVEN.
7. IF YOUR CHILD WILL BE TAKING HERBALS/SUPPLEMENTS, WRITTEN DIRECTIONS FROM A PARENT/GUARDIAN.
8. IF YOUR CHILD IS TO CARRY EMERGENCY MEDICATION, WRITTEN PERMISSION AND EMERGENCY CARE PLAN FROM THE PARENT AND PHYSICIAN IS REQUIRED OR WRITTEN ON THE PRESCRIPTION BOTTLE.

RYLEA Insurance form for students without insurance.

This form only needs to be filled out if the parents have no insurance.

Rotary International District 6360

I as a parent/s or legal guardian/s accept the responsibility for any medical expenses that may arise while

Name of Attendee

is attending the Rotary Life Leadership Awards (RYLA) program.

Date and Location of Camp

I understand that this camp requires proof of medical insurance which I/we do not have and therefore cannot provide

Type or print Parent/Guardian

Date

Signature _____

Subscribed and sworn to before me on this _____ day of _____ 2011.

(Print name) Notary Public Date

Signature

My Commission Expires: _____