

UNIVERSITY *of* INDIANAPOLIS

This Document Applies to All University Programs Involving Minors **Medical Authorization to Treat**

University of Indianapolis requests the following information so that the Program staff can arrange for medical care in the event of an emergency. You are responsible for providing accurate and complete information.

Program/Camp Name: _____
Date(s): _____ Location: _____

GENERAL INFORMATION

Participant Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Date of Birth: _____
Gender: Male Female Other

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary): _____

In the event of an emergency the below information will be provided to emergency first responders:
Allergies - Include medication, food and others (insect stings, asthma, animal dander etc.) Describe reaction and management of the reaction.

Does your child carry an Epi-Pen? _____

Medications: Please list ALL medication taken routinely. Keep medication in the original packaging/ bottle that identifies the prescribing physician (if prescription), the name of the medication, the dosage, and the frequency of administration.

Med: _____	Dosage _____	Times of day taken _____
Med: _____	Dosage _____	Times of day taken _____
Med: _____	Dosage _____	Times of day taken _____
Med: _____	Dosage _____	Times of day taken _____

(Attach additional pages for more medications)

EMERGENCY CONTACT INFORMATION

List at least two and up to four individuals who may be contacted in case of emergency involving your child. Each person listed should be reachable by telephone and able to make decisions on behalf of your child if a parent and legal guardian cannot be reached. If necessary, an emergency contact should be able to come to the Program site and pick up your child.

Emergency Contact #1 Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Relation: _____

Emergency Contact #2 Name: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Relation: _____

AUTHORIZATION FOR MEDICAL CARE

To the best of my knowledge, my child/participant is capable of participating safely in the Program and that any activity restrictions, allergies, and medications are listed on this form.

I give my permission to Program staff to provide routine first aid care and in the event of serious illness or injury, I give Program staff permission to seek and authorize emergency medical treatment. I agree to indemnify and hold harmless the University of Indianapolis, and its officers, employees and agents, from any claim, damage, liability, injury, expense, or loss, including defense costs and attorney's fees, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my child that may occur during his/her participation in this Program.

I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name, I represent that I have provided all materials and important information to the Program pertaining to Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the Program of any changes in mental, physical or medical condition before the Program begins.

Parent/Legal Guardian Name: _____

Signature: _____

Work Phone: _____ Cell Phone: _____

Date: _____ E-mail: _____

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Medication Prescriber/ Parent Authorization

CAMP/ PROGRAM INFORMATION

Camp/program _____

Date(s) _____ Time(s) _____

PARTICIPANT'S INFORMATION

Participant's Parent/ Legal Guardian (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ____ / ____ / ____ Gender: M/F

No, my child does not need to take any medication while at camp/ during program/ trip

Yes, my child will need to take medication while at camp/ during program/ trip (check one):

Prescription Medication Over-the-Counter Medication

This form must be completed fully in order for participants to administer required medication to themselves. A new medication administration form must be completed for each camp/ program attended by the participant, and each time there is a change in dosage or time of administration of a medication. This authorization requires a licensed health care authorization and signature, and parent signature.

- Prescription medication must be in its original container labeled by a pharmacist or prescriber. Label must include the name, address and phone number for the pharmacist or prescriber.
- Containers must hold only the amount required for the time the participant will be attending the camp/ program.
- All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought under the condition that the participant can self- manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider.

PARENT/ GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR OVER THE COUNTER MEDICATION

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/ her stay.

Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to _____ (name) if the need arises. You may only dispense those that are checked.

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti -itch, anti- sting, antibiotic, sunburn.)
- Tylenol/ Acetaminophen as directed
- Aspirin/ Ibuprofen as directed
- Throat lozenges and or spray as directed for sore throat.
- Micatin or anti-fungus treatment as directed for athlete's foot
- Kaopectate or Imodium for diarrhea as directed
- Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed
- Rola ids or Tums for acid reflux, heartburn or indigestion as directed
- Benadryl for swelling, hives, allergic reaction as directed
- Actifed or Sudafed as directed for nasal congestion or allergy relief per instruction.
- Visine or other eye drops for minor eye irritation
- Medicated lip ointment for dry, chapped lips, lip blisters or canker sores
- Swimmer's ear drops as directed
- Hydrocortisone ointment as directed for mild skin irritations, poison ivy and insect bites
- Medicated powder for skin irritation as directed
- Calamine lotion for bug bites and poison ivy
- Sunscreen
- Bug repellent
- Other (list any approved over the counter drugs*)

CAMP STAFF RESERVES THE RIGHT TO USE GENERIC EQUIVALENTS WHEN AVAILABLE FOR THE NAME BRAND OVER-THE-COUNTER MEDICATIONS LISTED ABOVE.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with a fever, significant inflammation and/ or did not respond to the above outlined treatment, will be followed up with a consultation with the participant's parents. Parent/ guardian will be contacted if any conditions develop requiring treatment with any of the above over the counter medication that are not checked.

I understand that these over the counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of the over the counter medication to my child as indicated above.. I shall indemnify and hold harmless the University of Indianapolis against any claims that may arise relating to my child being administered the above indicated over the counter medications.

I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced camp/program.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

PARENT/ GUARDIAN AUTHORIZATION, WAIVER AND CONSENT FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

I authorize and recommend self- medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the University of Indianapolis against any claims that may arise relating to my child's self-administration of prescribed medication(s).

I/ We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced camp/ program.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Cell Phone _____ Work Phone _____

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Liability Waiver

I hereby execute this Waiver and Release in exchange for the University of Indianapolis ("University") permitting me to enter and remain upon its premises (including, but not limited to parking lots, conference and classroom facilities, offices, athletic facilities, residence hall and dining facilities, and outside walkways and sidewalks) located on or about 1400 E. Hanna Avenue and 1643 E. Hanna Avenue, Indianapolis, IN 46227 ("University Premises") for the purpose of participating in various meeting, conference, training, educational, athletic, and summer activities organized by University. I agree that my entry upon the University Premises is for my own benefit and that I am doing so at my own risk. This includes, without limitation, my entry into any areas of the parking areas, sidewalks or any other area on or connected with the University Premises. I agree that I am voluntarily entering the University Premises to further my own pursuits and assume all risk of death, injury, illness, disease, damage or loss to me or my property that might result, including without limitation, any loss, theft of or damage to any personal property.

I agree on behalf of myself, and my personal representatives, heirs, executors, administrators, agents and assigns (collectively, "Releasees") to release and discharge the University and any affiliates, employees, agents, representatives, successors and assigns of the foregoing from any and all claims or causes of action (known or unknown) arising out of any negligence or other fault by University. This Waiver and Release of liability includes, without limitation, injuries which are alleged to have resulted from either Releasee's or University's negligence or other fault or which may occur as a result of or in connection with (a) my use of any equipment or facilities which may malfunction or break; (b) my interaction with any individual(s) on or about the University Premises; (c) any alleged improper maintenance of or failure to maintain any equipment or facilities, (d) any instruction or supervision, (e) any alleged negligent instruction or supervision, or (f) my slipping, tripping or falling while on or about the University Premises.

I understand and acknowledge that the university does not insure participants for any activities described herein, that any coverage would be through my own personal insurance. Furthermore, I hereby give my full consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during any activity or event which I may undertake on the University Premises.

This Release and Waiver shall further extend to the University in the event University provides such medical treatment. I further acknowledge that I have carefully read this Waiver and Release and fully understand that it is a complete release of all liability of University. I understand that I am waiving any right that I may have to file a law suit to assert a claim against University even for such University's own negligence or other fault for any personal injuries or property damage that I might suffer while on or

about the University Premises. I agree to indemnify University for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release. The provisions of this Waiver and Release shall survive for so long as any claim, cause of action or alleged claim or cause of action of mine against the University exists. This Waiver and Release shall be as broad and inclusive as the laws of the State of Indiana allow.

If the participant is under the age of 18 years, this Waiver and Release must be agreed to on behalf of the minor participant by the participant's parent or legal guardian. If agreed to on behalf of a minor participant, the undersigned parent or guardian hereby agrees to all terms and conditions contained herein on behalf of the minor participant and on behalf of the parent and/or guardian.

By signing below, I hereby acknowledge, agree and affirm that 1) I am the participant and that I am at least 18 years or older and duly authorized to sign this Waiver and Release on my own behalf; or 2) I am the legal parent or guardian of the participant, who is under the age of 18, and that I am duly authorized to sign this Waiver and Release on behalf of said participant.

Participant Name (Printed)

Participant Signature (only if 18 years of age or older)

Legal Parent/Guardian Name (Printed)

Legal Parent/Guardian Signature

Date

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Photo Consent Waiver and Release

I hereby grant permission to the University of Indianapolis, its employees, agents, and assigns to take and use photographs, digital images, and/or video of me and/or my minor child(ren) for use in the University's promotional and marketing materials. These materials include, but are not limited to, printed or electronic publications, web sites, online publications, presentations, social media, and other electronic communications. I authorize the use of these images for me and/or my minor child(ren) and expressly agree that no royalty, fee, or other compensation shall become payable to me by reason of such use. All negatives, prints, digital reproductions shall be and remain the exclusive property of the University of Indianapolis. I release the University of Indianapolis from any expectation of confidentiality for myself and my minor child(ren) and attest that I am the parent or legal guardian of said minor child(ren), and that I have the authority to execute this grant of permission and release. I further release the University of Indianapolis, its employees, agents and assigns from liability for any claims made by me or any third party in connection with my participation or the participation of my minor child(ren).

If the participant is under the age of 18 years, this Waiver and Release must be agreed to on behalf of the minor participant by the participant's parent or legal guardian. If agreed to on behalf of a minor participant, the undersigned parent or guardian hereby agrees to all terms and conditions contained herein on behalf of the minor participant and on behalf of the parent and/or guardian.

By signing below, I hereby acknowledge, agree and affirm that 1) I am the participant and that I am at least 18 years or older and duly authorized to sign this Waiver and Release on my own behalf; or 2) I am the legal parent or guardian of the participant, who is under the age of 18, and that I am duly authorized to sign this Waiver and Release on behalf of said participant.

Participant Name (Printed)

Participant Signature (only if 18 years of age or older)

Legal Parent/Guardian Name (Printed)

Legal Parent/Guardian Signature

Date

