

## Youth Event Health Form

Youth Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 1<sup>st</sup> day of event \_\_\_\_\_ Sex: ☐ Male ☐ Female

Custodial Parent/Guardian (or spouse) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State ZipSecond parent/guardian  
and/or emergency contact: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_Address: \_\_\_\_\_  
Street City State Zip**CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT****TO THE PARENT(S) OR LEGAL GUARDIAN:**

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin – Colleges, it is event/camp policy to secure your consent for **medication distribution and for the use of medical devices**. The medication or medical device can be self-administered or be administered by designated event/camp health staff with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by event/camp health staff.

All prescription medication must be in the **original medicine bottle** (see picture at right) and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. You must also complete the form below:

- ☐ No medication(s) has been brought to event/camp.
- ☐ I want the medication or medical devices self-administered (age 14 and above only).
- ☐ I give permission for my child to receive Tylenol or Pepto Bismol if needed.
- ☐ I want the medication or medical device administered by the designated health care staff. However, a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from the activity until such time that a trained medical professional can examine him/her and approve his/her return to participate. In such case, I understand that I am to provide a written clearance for my youth to return to participation in this activity.

\_\_\_\_\_  
**Participant Name (Please Print)**\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

(Must Complete Consent Form and Reverse Side)

\_\_\_\_\_  
**Date**

# UW Colleges Youth Event Health Form (Continued)

Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Health Conditions (check)

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Psychiatric
- ☐ Cognitive/Developmental
- ☐ Any dizziness, light-headedness or fainting associated with exercise within the past year
- ☐ Any unexplained, rapid or irregular heart beat within the past year
- ☐ A physician has sometime denied or restricted participation in sports due to a heart problem

## Allergies (check & list specifics)

- ☐ Insect stings \_\_\_\_\_
- ☐ Foods \_\_\_\_\_
- ☐ Medications \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Do any allergies require an EPIPEN Injection? ☐ Yes ☐ No

Is an inhaler required and carried by youth? ☐ Yes ☐ No

**Date of last Tetanus booster :** \_\_\_\_\_

Name of Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Description of any limitation or restriction of event activities:

Any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event/camp (include circumstances when physician should be notified)?

## Medications camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

1. Does the youth experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, ☐ Yes ☐ No diarrhea)

List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:

2. \_\_\_\_\_

### \*\*\* **FOR EVENT/CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN** \*\*\*

1. Are there any changes in your child's health status since the medical forms were sent in? ☐ No ☐ Yes
2. Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? ☐ No ☐ Yes
3. Does your child now have any rashes or open sores? ☐ No ☐ Yes
4. Are there any changes in your dependent's medications? (*If Yes, Staff make changes . & sign*) ☐ No ☐ Yes
5. Does your child have any recent injury or activity restrictions? ☐ No ☐ Yes
6. Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? ☐ No ☐ Yes  
If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:  
\_\_\_\_\_

**Information provided by:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must Complete Consent Form and Reverse Side)

# University of Wisconsin – Colleges

## Youth Event Consent Form

Event Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Participant Name: \_\_\_\_\_

### **Hold Harmless, Indemnity and Release:**

1. I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my or my child's health or safety during our participation in the above named event including authorizing medical treatment on our behalf and at our expense and returning us home at our own expense for medical treatment or in case of an emergency.
2. I agree that this authorization to release to participate shall be construed in accordance with and governed by, the laws of the State of Wisconsin. Any litigation regarding the release and authorization or arising out of my or my child's participation in this educational opportunity shall be brought in a court of competent jurisdiction in the State of Wisconsin.
3. I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the class to which I or my child will be exposed during participation, do hereby voluntarily agree to assume all the risk and responsibility surrounding participation in this event and, further, I for myself, my heirs, and my personal representative(s) hereby agree to defend, hold harmless, indemnify, release, and forever discharge the Board of Regents of the University of Wisconsin System, their respective officers, employees, volunteers and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my or my child's participation in the above named event which do not arise out of the negligent acts or omission of an officer, employee, volunteer and agent of the University and/or Board of Regents while acting within the scope of their employment or agency. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of camper, if over 18)

### **Consent for Emergency Treatment:**

I authorize the University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsibly for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of camper, if over 18)

### **Release of Information**

I give the University permission to use my or my child's photograph for marketing purposes in media of their choice. I also waive any right to inspect or approve the finished product or the advertising copy that may be used in connection with my or my child's photograph. I hereby acknowledge that I have had the opportunity to consult with legal counsel regarding this release. I realize this may include the release of my or my child's name, city of residence and/or age in various media.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of camper, if over 18)

### **Mandatory Reporting**

I understand that Executive Order #54 requires all University of Wisconsin System employees to immediately report child abuse or neglect if the employee, in the course of employment, observes an incident or threat of child abuse or neglect, or learns of an incident or threat of child abuse or neglect, and the employee has reasonable cause to believe that the child abuse or neglect has occurred or will occur.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature of camper, if over 18)