



HOBART AND WILLIAM SMITH COLLEGES

Office of Conferences and Events

MEDICAL FORM

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical form complete and submit prior to participating in program. Immunization Records submit prior to overnight program.

Complete and submit this form prior to program with the information for ANY prescriptions AND/OR over-the-counter (OTC) medications. All "as needed" PRESCRIPTION medications (including EpiPen & asthma inhalers) MUST be either accompanied by a typed individual order signed by the camper's healthcare provider OR the health care provider may complete and sign the dosage information on this sheet. All other PRESCRIPTION medications MUST be in their original container, stating the specific times and dosages (this needs to be marked on the sheet below). Over-the-Counter (OTC) medication kept on hand at our infirmary. Note: Unless we have parental authorization, we cannot administer ANY medications. Please complete the following section to save time if your child needs any of these OTC medications during their stay. These items will be administered at the discretion of the medical staff if approval is indicated by the camper's parent/guardian. Note to parents/guardians: For overnight programs, the nurse must review medications upon arrival to campus, safe keep the medications for the duration of the program, and the nurse will return the medication upon departure from campus. For day programs, medications will not be administered.

Table with 6 columns: Drug Name, Route, Dosage, Schedule/ Indications, Parental Permission to Administer (circle), Comments. Rows include Tylenol, Ibuprofen, Robitussin, Pepto-Bismol, and Benadryl.

Over-the-Counter (OTC) Medication brought to camp with the camper (overnight camp only)

Table with 5 columns: DrugName, Route (please enter formulation), Dosage, Schedule and Indications, Comments.

Prescription Medications brought to camp with camper (This section must be completed AND signed by the health care provider, overnight camp only)

Table with 5 columns: DrugName, Route (please enter formulation), Dosage, Schedule and Indications, Comments.

Allergies/Special Needs: \_\_\_\_\_

Camper's Health Care Provider Name:
Address:
Phone:
Health Care Provider Signature:
Date:
License #:

Release/Medical Authorization: I, the undersigned, individually and as a parent (s) and guardian of the above mentioned child, a minor, ask that he/she be admitted to participate in a camp at Hobart and William Smith Colleges further known as "The Colleges." In consideration of such admission, I do hereby agree to release, discharge and hold harmless "The Colleges," its officers, agents, and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving the said camp. I (we) understand that: (1) No camper will be permitted to enroll until acceptable medical/insurance information is provided; (2) I am hereby waiving and releasing "The Colleges" from any and all liability for any injuries incurred by my child while attending camp; (3) I am hereby representing "The Colleges" that I will have adequate health insurance on my child while he/she is attending camp; (4) I will pay all costs incurred by the Colleges as a result of any failure by my child to respect and maintain camp facilities and/ or to observe camp rules and regulations; (5) Signature by me/we of this registration form does not violate any legal agreement or order pertaining to care and custody of my child. I hereby authorize emergency and other medical treatment of my child that may be deemed necessary by attending medical personnel while he/she is attending this camp. Insurance coverage for accidental injury of all campers is REQUIRED. The contact for reporting allegations of sexual misconduct is Campus Safety: 315.781.3333 or 315.781.3000 or Title IX Coordinator: 315.781.3922.

Media Release: I also hereby consent to the general usage of photographs, digital images, film, videotape, audio track, taped appearance, testimonial, written, submissions, or interview of/with my minor child in connection with publicity, advertising and promotional activities containing the likeness, name and/ or voice of said child by "The Colleges" or by successors for internal communications or other purposes, in any form, format media or medium (including the Internet or other electronic means) now known or which may come into being its successors or assigns, from any and all claims and demands, and waives and foregoes any and all legal or equitable actions arising out of or in connection with the use of said media.

Please mail or fax this form and up-to-date immunization records to: Pam Pietrusinski, Conferences & Events Office, 300 Pulteney Street, Geneva, NY 14456, Phone: (315) 781-3406 Fax: (315) 781-3403.

Parent/guardian signature (required): \_\_\_\_\_ Date: \_\_\_\_\_