

**Auburn University at Montgomery
Camps and Clinics Releases and Required Forms**

Auburn University at Montgomery Camps and Clinics General Information Form

GENERAL INFORMATION

Camp Name / Location / Dates _____

Name of Student _____

Date of Birth _____ Grade in Fall _____ T-Shirt Size _____ Gender: M F

Parent/Legal Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact #1 Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Relation _____

Emergency Contact #2 Name _____ Home Phone # _____ Work Phone # _____ Cell Phone # _____ Relation _____

TRANSPORTATION

I will arrive in Auburn University at Montgomery on (date/time) _____

Method of Transportation _____

I will be traveling from (city) _____

Accompanied by _____ Relation _____

I will depart Auburn University at Montgomery on (date/time) _____

Method of Transportation _____

I will be traveling to (city) _____ Accompanied by _____

Please indicate whether you plan to keep a vehicle on campus (circle one): YES NO

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Auburn University at Montgomery Camps and Clinics Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION

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

PARTICIPANT INFORMATION

Name of Participant: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Date of Birth: _____ Gender: M F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I, on behalf of my Child, hereby release AUM, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "AUM") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

I, on behalf of my Child, furthermore release, indemnify and hold harmless Auburn University at Montgomery from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Program. I understand that AUM accepts no responsibility for my Child's personal property.

In the event of an accident or serious illness, I hereby authorize representatives of AUM to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify AUM from any claims, causes of action, damages and/or liabilities, 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 the Program.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Montgomery County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Auburn University at Montgomery Camps and Clinics Media, Photo & Video Release Form

PROGRAM INFORMATION

Program/Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Auburn University at Montgomery, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I, on behalf of my child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent/Guardian Name: _____

Minor Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Auburn University at Montgomery Camps and Clinics Medical Information and Release Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____

Location: _____

As a student, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** Auburn University at Montgomery requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Auburn University at Montgomery does not offer insurance for participant participating in programs.

PART 1. GENERAL INFORMATION

Participant Name _____ (hereafter "Participant")

Parent/Legal Guardian Name (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

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

Please list two emergency contacts:

_____	_____	_____	_____	_____
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, ***it is your responsibility to consult with your own physician*** prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name _____ Phone Number _____

Date of most recent tetanus toxoid immunization _____

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address _____ Policy # _____

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit program participation? YES NO
If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in program? YES NO
If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO
If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? If yes, please explain: YES NO

PART 3: AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through the Baptist East Medical Center . In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this program. I will assume the financial responsibility for any cost of health care for my child that may occur during this program.

As a participant, parent, or guardian 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 and warrant that I have provided all materials and important information to Auburn University at Montgomery pertaining to my Participant’s medical, mental and physical condition and that it is accurate and complete. I agree to notify Auburn University at Montgomery of any changes in my mental, physical or medical condition prior Participant’s scheduled program.

By revealing or disclosing the above medical information it will not be used by Auburn University at Montgomery personnel or employees to determine Participant’s ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant Name _____

Parent/Guardian Name _____

Participant Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Auburn University at Montgomery Camps and Clinics Parent/Guardian Authorization, Waiver and Consent for Self-Administration of Prescription Medication Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____ Location: _____

PARTICIPANT INFORMATION

Participant Name: _____ (hereafter "Participant")

Parent/Legal Guardian Name (if applicable): _____

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

No, my child does not need to take any prescription medication while at the Program.

Yes, my child will need to take prescription medication while at the Program.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program 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. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature: _____ Date: _____

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 Program Staff, Auburn University at Montgomery, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents 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 Program.*

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Auburn University at Montgomery Camps and Clinics Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medication Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____ (hereafter "Program")

Date(s): _____ Time(s): _____ Location: _____

PARTICIPANT INFORMATION

Participant Name: _____ (hereafter "Participant")

Parent/Legal Guardian Name (if applicable): _____

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 Participant if the need arises. You may dispense only those checked.

Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)

Tylenol/Acetaminophen as directed.

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.

Rolaids 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 instructions.

Visine or other eye drops for minor eye irritation.

Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.

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.

Robitussin or other cough syrup as directed.

Calamine lotion for bug bites and poison ivy.

Sunscreen

Bug repellent

Other (list any other approved over-the-counter drugs) _____

Program 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 fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications 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 over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff. Auburn University at Montgomery, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents 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 student named above, including the administration of medication at the above referenced program.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____