District 5170 Youth Services Event Permission Slip and Waiver

We are privileged to have your child participate in this amazing Rotary Program/Event!

Please provide information about your child that will better prepare us as Rotarian Chaperones to care for your child.

Rotary strives to create and maintain a safe environment for all youth who participate in Rotary activities

|  |  |  |
| --- | --- | --- |
| Student’s name: |  |  |
| First | Middle | Last |

Student's Date of Birth:

**Allergies:**

No known Allergies Has Allergies to: Food Environment

Explain dietary needs and allergies:

**Date of last tetanus or DTaP shot:**

**Medical Insurance Information:** (OPTIONAL)

This student is covered by family medical/hospital insurance Yes No Include a copy of your insurance card if appropriate; copy both sides of the card

Insurance Company Policy Number

Subscriber Insurance Company Phone

**Medication:**

This student will not take any daily medication while participating in this event

T This student will take the following medication(s) while participating in this event

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review event instructions about required packaging/containers. **Rotary Youth Events require original pharmacy containers with labels which show the student’s name and how the medication should be given.** Provide enough of each medication to last the entire time of the event

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Medication | Date Started | Reason for Taking | When it is Given | Amount/Dose | How it is given |
|  |  |  | |  |  | | --- | --- | |  | breakfast | |  | lunch | |  | dinner | |  | bedtime | |  | other | |  |  |
| Name of Medication | Date Started | Reason for Taking | When it is Given | Amount/Dose | How it is given |
|  |  |  | |  |  | | --- | --- | |  | breakfast | |  | lunch | |  | dinner | |  | bedtime | |  | other | |  |  |
|  |  |  | |  |  | | --- | --- | |  | breakfast | |  | lunch | |  | dinner | |  | bedtime | |  | other | |  |  |

The following non-prescription medications may be stocked at the event location and are used on an as needed basis to manage illness and injury. **Cross out those the student should not be given.**

Acetaminophen (Tylenol) Ibuprofen (Advil etc)

Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed) Antihistamine/allergy medicine Guaifenesin cough syrup (Robitussin) Diphenhydramine antihistamine/allergy medicine (Benadryl) Dextromethorphan cough syrup (Robitussin DM) Sore throat spray Generic cough drops

Lice shampoo or cream (Nix or Elimite) Antibiotic cream

Calamine lotion Aloe

Laxatives for constipation (Ex-Lax) Bismuth subsalicylate for diarrhea (Kaopectate/PeptoBismol) Other:

# Are there any general health issues we should be aware of?

# Please provide information regarding heart or lung problems, muscle or skeletal problems, headaches, vision problems, seizures, major surgeries. List any limitations your child has

# What do you feel we should know about the student’s mental, emotional, social health? What have we forgotten to ask? We ask these questions to be better prepared as we have your student for an extended period of time.

# Please provide in the space below any additional information about the student’s health that you think is important or may affect their ability to fully participate in the event/program. Attach additional information if needed.

**Parent(s)/Guardian(s) Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all event/program activities except as noted by us, the parent/guardian. I/We give permission/consent to Rotary Youth Chaperones or location nurse if present, to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I/We cannot be reached in an emergency, I/We give my permission to the Rotary Youth Chaperones to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I/We understand the information on this form will be shared on a "need to know" basis with event staff. I/We give permission to photocopy this form.

**Parent(s)/Guardian(s) Authorization of liability waiver**

I/We give permission for our child to attend this Rotary sponsored youth event/program and participate in activities geared for my child under the supervision of Rotary District 5170 or any authorized employees of the event/program location. We understand if our child doesn’t follow the event rules, it may result in the students being sent home and the parents would need to pick-up the student from the event.

I/We will be liable for all medical, dental, surgical, hospital, and other care provided to our child by means of the preceding authorization to the extent that the costs and expenses exceed the health insurance, Rotary nor the event/program location shall have any liability for any such costs or expenses.

I/We recognize that travel involves inherent dangers, and we assume all risk of personal injury, death and property damage that may result to our son/daughter and to ourselves from our son’s/daughter’s participation in this Rotary sponsored event/program, including travel to and from.

To the extent permissible under California law, I/we will hold harmless all Rotary volunteers authorized to chaperone and lead this event/program, Rotary International, Rotary District 5170, District 5170 Youth Programs, and Rotaract Clubs which may participate (and all of the preceding parties’ directors, officers, employees, members and representatives) from all liability claims, damages, lawsuits, and associated cost and expenses relating to personal injury, death and/or property damage resulting or arising from our child’s participation, including lawyer fees and costs.

**ALL VOLUNTEERS INVOLVED WITH THIS EVENT/PROGRAM WILL HAVE RECEIVED THE ROTARY INTERNATIONAL YOUTH PROTECTION CERTIFICATION, INCLUDING CRIMINAL BACKGROUND CHECK & FINGERPRINTING.**

# Parent/Guardian: Name Contact Number

# Parent/Guardian: Signature Date

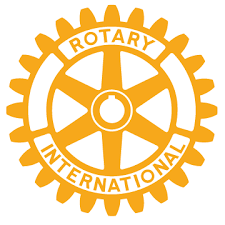
# Parent/Guardian: Name Contact Number

# Parent/Guardian: Signature Date

# By my signature, I confirm that I am the parent or legal guardian of the named student

# Name: Relationship Contact Number

# Emergency Contact if parent/guardian cannot be reached

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