



# Interact Permission Slip and Waiver

**WE ARE PRIVILEGED TO HAVE YOUR CHILD PARTICIPATE IN THIS AMAZING ROTARY INTERACT PROGRAM/EVENT! ROTARY STRIVES TO CREATE AND MAINTAIN A SAFE ENVIRONMENT FOR ALL YOUTH WHO PARTICIPATE IN ROTARY ACTIVITIES. PLEASE PROVIDE THE INFORMATION BELOW TO HELP US PREPARE TO GIVE YOUR CHILD THE BEST CARE POSSIBLE.**

Child's name: \_\_\_\_\_  
First Middle Last

Child's Date of Birth: \_\_\_\_\_ Male  Female

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)

My/Our child is covered by family medical/hospital insurance Yes  No

**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD IF APPROPRIATE; COPY BOTH SIDES OF THE CARD. THIS INFORMATION WILL BE SHARED WITH A MEDICAL PROVIDER ONLY IN CASE OF AN EMERGENCY.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_

### MEDICATION

  

My/Our child will not take any daily medication while participating in this event

My/Our child 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 and natural remedies. Please review event instructions about required packaging/containers. Rotary Youth Events require original pharmacy containers with labels which show the your child's name and how the medication should be given. Provide enough of each medication to last the entire time of the event. (Please use additional sheets of paper as needed to provide the following information for each medication.)**

NAME OF MEDICATION	WHEN IS IT GIVEN?	DOSAGE	HOW IT IS GIVEN?
	BREAKFAST LUNCH DINNER BEDTIME OTHER		
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**The following non-prescription medications may be stocked at the event location and are used by First Aid or nursing staff on an as needed basis to manage illness and injury.  
Check any that the student should not be given.**

Acetaminophen (generic/Tylenol®)	Ibuprofen (generic/Advil® etc)
Phenylephrine decongestant (Sudafed PE®)	Generic cough drops
Antihistamine/allergy medicine, Diphenhydramine (Benadryl®), Pseudoephedrine decongestant (Sudafed®)	Guaifenesin cough syrup, Dextromethorphan cough syrup (Robitussin) Sore throat spray
Lice shampoo or cream (Nix® or Elimate®)	Antibiotic cream
Calamine lotion, anti-itch cream	Aloe
Laxatives for constipation (Ex-Lax®) Bismuth subsalicylate for diarrhea (Kaopectate®/PeptoBismol®)	Other:

**DOES YOUR CHILD HAVE 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. *Attach additional information if needed.***

**What do you feel we should know about your child’s mental, emotional, social health? What other information about your child do you think would be helpful for us to know that we may have forgotten to ask? We ask these questions to be better prepared as we have your child for an extended period of time. Please provide in the space below any additional information about your child’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 HEALTHCARE**

- I/We understand that the medical information I have provided will be kept confidential and will be shared only with event staff on a “need to know” basis and with medical providers in the case of an emergency. This health history is correct and accurately reflects the health status of my/our child.
- My/our child 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, First Aid staff, 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 my/our child. I/We give permission to photocopy this form.

**PARENT(S)/GUARDIAN(S) AUTHORIZATION OF LIABILITY WAIVER**

- participate in activities geared for my/our child under the supervision of Rotary District 5340 or any authorized employees of the event/program location. I/We understand if my/our child doesn’t follow the event rules, it may result in him/her being sent home and I/We would need to pick-him/her up from the event.
- I/We will be liable for all medical, dental, surgical, hospital, and other care provided to my/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 participation in this event involves inherent dangers, and we assume all risk of personal injury, death and property damage that may result to my/our child and to ourselves from my/our child’s participation in this Rotary sponsored event/program, including travel to and from.
- I/We acknowledge that Rotary is a nonprofit humanitarian organization and that this event is being organized and run by volunteers who will use ordinary care in carrying out their responsibilities. To the maximum 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 5340, District 5340 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 my/our child’s participation, including attorney fees and costs.

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

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

Parent/Guardian: Name \_\_\_\_\_ Contact Number\_\_\_\_\_

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

Parent/Guardian: Name \_\_\_\_\_ Contact Number\_\_\_\_\_

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

Emergency Contact if parent/guardian cannot be reached

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_