

UW-River Falls Health & Release Form

2018 Youth Leadership Congress

Event Name: **WECA Youth Leadership Congress**
Dates: **July 25-27, 2018**

Youth Name: _____ Birth date ____/____/____ Age on 1st day of event _____ Sex: Male Female

Sponsoring Electric Cooperative: _____

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

Phone Numbers: Home: (____)____-____ Work: (____)____-____ Cell: (____)____-____

Home address: _____
Street City State Zip

Second parent/guardian and/or emergency contact: _____
Phone: Home: (____)____-____
Work: (____)____-____
Cell: (____)____-____

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 Youth Leadership Congress (YLC) program conducted by the University of Wisconsin-River Falls (UWRF) and the Wisconsin Electric Cooperative Association (WECA), it is event/camp policy to secure your consent for **medication distribution and for the use of medical devices**. The medication or medical device must be administered by designated event/camp health staff with the exception that 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).

- Prescription medication(s) has been brought to event/camp. 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. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested on the second page of this form.
- Over-the-counter medications have been brought to event/camp and may be administered by camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage, and instruction.
- No medication(s) has been brought to event/camp.



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 agreement to **all of the following** statements. By signing below:

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both pages of this form is correct and up-to-date, and that **I will provide any and all significant, material, or important changes** to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-River Falls, the Wisconsin Electric Cooperative Association, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(Must complete second page)

Date

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

- 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:

- _____

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 understand that UWRF and WECA may take photographs of YLC participants and activities. I agree that UWRF and WECA shall be the owner of and may use such photographs relating to the promotion of future programs. I relinquish all rights that I may claim in relation to use of said photographs.

I agree that I am/to instruct my child that he or she is expected to obey and remain in the presence, custody of program personnel, to abide by their instructions and the safety rules and regulations, as set and directed by YLC, WECA or UWRF staff (e.g. for proper and safe use of tools such as scissors, hammers, nails and the like as instructed). Misbehavior that, in the opinion of the program staff or director, results in risk to me/my child or other participants or that causes or threatens disruption to the program will disqualify me/my child from further participation and I will be responsible for all costs and arrangements for transportation so my child can return home.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date