



Summer Camp Health & Waiver Packet 2024

<u>Camper's Information</u>	<u>Parent/Guardian Information</u>
First Name: _____	Name: _____
Last Name: _____	Address: _____
Address: _____	City: _____
City: _____	State: _____ Zip Code: _____
State: _____ Zip Code: _____	Home Phone #: _____
Country: _____	Cell Phone #: _____
Date of Birth: _____(mm/dd/yyyy)	E-mail Address: _____
Cell Phone #: _____	

ROLLER COASTER SUMMER CAMP HEALTH INFORMATION PACKET INSTRUCTIONS

The Innovation Center at Saratoga, Inc. works hard to assure the health and safety of its campers. Information regarding camper health is important for attaining this goal. Fill out this packet in its entirety and **Email to summercamp@innovationcentersaratoga.org or bring on first day of camp.**

No camper will be allowed to start without this form.

1. ___ Contact information complete and Affirmation signed (page 1)
2. ___ A completed Medical History Questionnaire (page 2)
3. ___ Signed Minor Consent Statement (page 4)
4. ___ Medication Distribution forms and **REQUIRED DOCTOR'S SIGNATURE (page 5)**
5. ___ Signed Waiver (page 7 & 8)

AFFIRMATION

I affirm that all of the information recorded in this Packet is true and accurate to the best of my knowledge.

Student Signature (or parent/guardian)

Date



Medical History Questionnaire

Camper Name: _____

DOB: _____ Height: _____ Weight: _____ Sex: Male / Female

ALLERGIES:

Medications:

- No allergies to medication.
 Medication allergies (please list - **with reaction**).
-

Foods:

- No food allergies
 Food allergies (please list - **with reaction**).
-

Environmental:

- No environmental allergies.
 Environmental allergies (pollens, dust, etc.)
-

MEDICATIONS:

Please list all medications, herbs, supplements, or vitamins that you take, WITH STRENGTH AND FREQUENCY TAKEN.

ANY SURGERIES? (Please list):

- None Yes
-
-

ANY OVERNIGHT HOSPITALIZATIONS? (Please explain):

- None Yes

Explain: _____

ANY MAJOR INJURIES? (Please explain):

- None Yes

Explain: _____



To Parents/Guardians of Campers Under Eighteen:

In order to quickly procure any emergency care that may be necessary for students and at the same time to protect the health care providers and the institutions involved, it is requested that you sign the consent for emergency treatment below.

Be assured that we will make every effort to notify parents at once in the case of serious accidents or illnesses when these come to our attention, but since students often come great distances, this may be slow or impossible even by phone. Your cooperation in this matter therefore is much appreciated.

I _____, pursuant to the authority vested in me as the

_____ of _____,
Parent – Guardian Camper’s Full Name

do hereby authorize the on-site medical representative (EMT or Nurse) upon consultation with a practicing physician or surgeon to exercise for me and on my behalf, all rights and duties with reference to consenting to appropriate medical, psychiatric, and surgical treatment, anesthetics, medicines and hospitalization, including care and treatment, by any hospital, staff surgeon, physician or radiologist which they deem necessary for the emergency care of my,

_____,
Son - Daughter Camper’s Full Name

Parent/Guardian Signature _____

Date _____ (Month/Day/Year)



Medication Listing and Distribution:

Camper Name: _____

All medications turned over to medical staff upon arrival (except emergency items such as Epi-Pens and inhalers) and are secured and dispensed by approved Innovation Center at Saratoga, Inc. Roller Coaster Camp representatives. All medication should be submitted in original prescription packaging or container to the Check-in staff at check-in. Aside from emergency medications (such as an Epi-pen or inhaler) your child is not allowed to keep any medications on their person while at camp.

In order for our staff to give your child ANY medications **you will need to have your child's doctor complete the following section of this form:**

Health Care Provider Authorization for Medications:

Authorization for Over-the-Counter Medications Distributed by Roller Coaster Camp Medical Staff

Drug Name	Dosage	Schedule and Indications (not to exceed recommended daily dose)	Authorization	Comments
Tylenol	Per label instructions by age/ weight	Q4hr prn, for pain or fever > ___ F	Yes No	
Ibuprofen	Per label instructions by age/ weight	Q4-6hrs prn, for pain or fever > ___ F	Yes No	
Benadryl	Per label instructions by age/ weight	Q6hr for allergic reaction	Yes No	

Other Medications

Drug Name	Dosage	Schedule and time	Reason

Provider Name: _____

Phone#: _____ License#: _____

Address: _____

Signature _____ Date: _____



Parent/Guardian Authorization: I give permission for my child, , to receive the medication(s) as prescribed/authorized on the previous page. I understand that my child will have all approved medications administered to them by approved Roller Coaster Camp Staff, and that I am responsible for arranging the administration of medications my camper cannot self-administer prior to his or her arrival on campus with a medical health professional, or under my personal supervision and administration.

Signature: _____ Date _____ :

In order for our staff to give your child any medicines a list of medications the camper is taking is required. Medical staff are available to campers at all times and are first responders to any medical emergency that may take place.

- The medicine is in its original pharmacy container labeled with the camper's name, medicine name, dosage, and time consumption. Over the counter medications must be provided in the original container and labeled with the camper's name.
- Roller Coaster Camp Staff will keep the medicine in a secure location, and at the appropriate time distribute the medication to the camper.
- The camper will be observed self-administering the appropriate dose as per the container instructions.
- Personal Epi-Pens and inhalers must be carried by campers at all times.

Roller Coaster Camp Staff cannot inject medications, or administer medications in any invasive way. Any medicine which a minor cannot self-administer must be stored and administered by a parent/guardian or a licensed healthcare professional service arranged by the parent/guardian. Please arrange this with Roller Coaster Camp Staff prior to arrival. There are some over-the-counter medications available through Roller Coaster Camp Staff (see listing below). **Both parents/guardians AND the health care provider must authorize the dispensing of these medications.**

Parents: you may also elect to not have any over-the-counter medications administered to your child by signing below:

I choose NOT to have our physician write orders for my child. I understand that no over-the-counter medications will be administered to my child. If medications are deemed necessary, I will be contacted to make personal arrangements to do so.

Signature: _____ Date _____ :



SUMMER CAMP WAIVER FORM

In consideration of being permitted to participate in educational or recreational activities or events, including but not limited to an event to be hosted by The Innovation Center at Saratoga, Inc., (the “Activity” or “Activities”) sponsored, promoted, held, or conducted by or at The Innovation Center at Saratoga, Inc. (the “Organization”), I, for myself and for my executors, administrators, personal representatives, assigns, heirs, and next of kind, DO HEREBY:

- 1. RELEASE, WAIVE, FOREVER DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE**, the Organization, its Trustees and employees, and any sponsor, advertiser, and promoter of any of the Activities, and any owner or lessee of the premises where the Activities are held or conducted, and each of them, their officers, directors, members, executives, agents, employees, affiliates, representatives, successors and assigns (collectively and individually “Activity Sponsors”) of all liability to me or my executors, administrators, personal representatives, assigns, heirs, and next of kin, for any and all loss or damage, and all claims or demands therefore, on account of injury to my person or property or resulting in my death, arising out of or in any way connected with my participation or involvement in or presence at the Activities, suffered before, during or after the Activities, whether caused by negligence, action or inaction of the Activity Sponsors or otherwise. This release applies for all future entrances to the premises and this release applies to each and every time a person is on the premises.
- 2. ASSUMPTION OF RISK**, Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While certain laws, rules, regulations, policies and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume such risks, both known and unknown, and assume full responsibility for my participation. The Activity Sponsors will follow all current laws, rules, and regulations regarding COVID-19. However, the Activity Sponsors cannot guarantee that participants, volunteers, partners, or others in attendance will not become infected with COVID-19. I willingly agree to comply with the stated and customary terms and conditions for participation with respect to protection against infectious diseases.
- 3. INDEMNIFY AND HOLD HARMLESS** the Activity Sponsors from and against any loss, liability, damage or cost that I or any of my guests may incur due to participation or involvement in or presence at the Activities, whether caused by negligence, action or inaction of the Activity Sponsors or otherwise.
- 4. ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** arising out of or in any way connected with my participation or involvement in or presence at the Activities suffered before, during or after the Activities, whether caused by the negligence, action or inaction of the Activity Sponsors or otherwise. I understand that my participation or involvement in or presence at the Activities carry the risk of injury or death or property damage and I accept and assume that risk fully, freely, and voluntarily.
- 5. AGREE** that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by New York State law, and that if any portion is held invalid for any reason, the balance should, notwithstanding, continue in full legal force and effect.
- 6. AGREE THAT THIS RELEASE IS INTENDED TO APPLY TO ME OR MY GUEST’S PARTICIPATION OR INVOLVEMENT IN OR PRESENCE AT ANY Activity.** The Activity Sponsors have made no representations or inducements apart from the foregoing.



7. **IRREVOCABLY GRANT** to the Activity Sponsors the absolute right and permission to use any pictures, photographs, movies, images, videos, recordings, or motion pictures taken of me or my property by the Activity Sponsors (the “Images”) and to further use any statements, quotes, recordings, or testimonials made by me (the “Testimonials”); To copyright the Images or Testimonials in the Activity Sponsors’ respective names or in any name that an Activity Sponsor may chooses; To use, re-use, publish, display or reproduces the Images or Testimonials in any medium and for any commercial purpose whatsoever, including but not limited to promotion, advertising, display, sale or trade, without restriction or limitation; To use my name in connection with the use of any such Images or Testimonials at an Activity Sponsor’s sold discretion; All without compensation, royalty, or remuneration of any kind. I waive any right to inspect or approve the Images or the Testimonials, their use, or any printed or audio matter that may be used in connection therewith, without restriction or limitation, whatsoever. I hereby release and forever discharge the Activity Sponsors from any and all claims and demands arising out of or in connection with the use of the Images or the Testimonials, including, but not limited to, any claims for slander, libel or invasion of privacy or right of publicity, as well as any claims due to any technical failures or distortions in the Images or Testimonials that may occur in taking the original Images or Testimonials, or in the subsequent processing thereof. I waive any right, title or interest in or to the Images or Testimonials and acknowledge that the Activity Sponsor is the sole and absolute owner thereof and of any printed materials, electronic medial negatives, film, video tape or audio tape containing such Images or Testimonials.

I have read the foregoing agreement in its entirety and I hereby freely and voluntarily sign this agreement, intending to be bound thereby.

Name of participant: (printed) _____

Participant Signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child’s/ward’s presence or participation in these activities as provided above, even if arising from their negligence, to the fullest extent provided by law.

Name of parent/guardian: (printed) _____

Parent guardian/signature: _____

Date signed: _____