

MEDICAL ALERT INFORMATION FOR SUMMER CAMP

Madison Beach & Recreation
(One student per form)

Please complete all applicable items. No student will be allowed to participate in a Madison Beach & Recreation Department Program that runs longer than 1 hour without this information being completed and on file.

Student's Name _____ Date of Birth _____ Grade _____

Home Address _____ City _____

Phone Number _____

Parent/Guardian's Name _____ Phone () _____

Parent/Guardian's Name _____ Phone () _____

Name of Child's Dentist _____ Phone () _____

Name of Child's Doctor _____ Phone () _____

Emergency Contact Numbers

Please list in the order you wish us to call. We will try to contact you first.

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

Health Information

In order to help every child have a safe and successful summer, we ask that you disclose any medical, psychological, emotional, or learning conditions your child has or any other concerns of a similar nature.

We will make reasonable modifications in policies, practices, or procedures, when the modifications are necessary to afford services, facilities, privileges, advantages, or accommodations to individuals with disabilities unless making the modifications would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations or if the individual poses a direct threat to the health or safety of others.

By disclosing this information, you can help us to anticipate and prepare for your child's needs and to train staff appropriately. Your cooperation is appreciated.

Please list all known health problems. All information is confidential and will be shared only as needed.

_____ Allergy to food or insect or medication (specify) _____

_____ Asthma _____ Bleeding disorder _____ Frequent nosebleeds

_____ Diabetes _____ Seizures _____ Other

If your child will require medication to be administered during the camp day, please request and complete the authorization form(s), one for each medication to be administered, and supply all required information.

Children are not allowed to carry medication, including over-the-counter and topical medications, while at camp. All medication will be stored and administered by camp personnel. Violation of this policy may result in dismissal from the program. Exceptions may be made on a case-by-case basis for emergency items, such as rescue inhalers, diabetes management supplies or epi-pens.

Medications will be administered by camp personnel over the age of 18 who have been trained on the safe administration of medications. Specialized training is provided for staff who administer injectable medications or who administer finger stick blood glucose tests. Please be advised that there is no licensed medical professional on staff.

In the event of a serious medical emergency or accident, I authorize Recreation Department personnel to have my child treated by a readily available physician and/or hospital. Appropriate personnel will be informed of serious health conditions. Parents will notify the Department of any changes in medical information.

I hereby grant the Town of Madison and its agents full authority to take whatever action they deem necessary regarding my child’s health in the case of an emergency where I am not able to make the decision.

I release the Town of Madison and its agents from any liability in connection with the administration of medication or its emergency decision making regarding my child’s health to the extent permitted by law.

Signature of Child’s Parent or Guardian

Date

Town of Madison
Beach and Recreation
Summer Escape Camp Pick-Up Authorization
Phone: 203-245-5623/Fax: 203-245-5643

Name of Camper _____

Name of Campers Parents/Legal Guardians and Phone Numbers:

Authorized Pick-Up and Emergency Contacts:

Only those you list (including yourself) will be authorized to pick up your child so please list mom and dad too. However, if they are not personally known by the Summer Escape Staff they will need to provide identification. Arrangements for one-time pick up by anyone not listed here must be worked out in advance with the Summer Escape Staff in writing with a note upon drop off in the morning. We will also use those listed here as emergency contacts if we cannot reach either of the parents.

Name: _____ Phone #1 _____ Phone #2 _____

Name: _____ Phone #1 _____ Phone #2 _____

Name: _____ Phone #1 _____ Phone #2 _____

Name: _____ Phone #1 _____ Phone #2 _____

Custodial Arrangements

Does your child have special custody issues? Yes No

If yes, please explain: (Use back if necessary) _____

Are Court Orders relevant to your child's custody issues? Yes No

If Court Order is relevant, a copy **MUST** be submitted with this application.

Any modification to the court order, you need to notify the Summer Escape Staff in writing.

**TOWN OF MADISON WAIVER, HOLD HARMLESS AGREEMENT,
RELEASE OF LIABILITY AND COVENANT NOT TO SUE**

In consideration for the privilege of participating in [Summer Escape Camp], the undersigned hereby agrees that: Program/Activity Name

1. I understand that there are inherent risks involved, including the risk of serious physical injury or death and **I FULLY ASSUME ALL RISKS ASSOCIATED WITH THIS PROGRAM, TOWN CAMPUS GYM, OR BEFORE AND AFTER SCHOOL PROGRAM EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES**, including but not limited to equipment failure; lack of safety devices; lack of warnings or inadequate warnings; lack of instructions or inadequate instructions; slippery floor surfaces, contact or collision with any object while on the premises of Town of Madison facilities or Madison Board of Education Facilities; contact or collision with other participants and or persons at said program, whether caused by negligence or intentional conduct by such other participant or person.

2. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, **AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES** from any and all claims, suits or demands by anyone arising from my use of the Town of Madison or Board of Education facilities and equipment **EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND/OR THEIR AGENTS, SERVANTS OR EMPLOYEES**.

3. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, **HEREBY RELEASE, AND AGREE THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES** for money damages for personal injury sustained by me while using the Town of Madison or Board of Education facilities and equipment **EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS, AGENTS, SERVANTS OR EMPLOYEES**.

I HAVE READ THIS WAIVER, HOLD HARMLESS AGREEMENT, RELEASE OF LIABILITY AND COVENANT NOT TO SUE AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT BY SIGNING THIS AGREEMENT THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. I HAVE NOT BEEN INDUCED TO SIGN THIS AGREEMENT BY ANY PROMISE OR REPRESENTATION, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

PARTICIPANT'S SIGNATURE

PARTICIPANT'S PRINTED NAME

DATE

CONSENT OF PARENT OR GUARDIAN

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, **AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES** from any and all claims, suits or demands by anyone arising from said participant's use of the Town of Madison or Board of Education facilities and equipment **EXCLUDING CLAIMS OF NEGLIGENCE ON THE PART OF THE TOWN OF MADISON AND THEIR AGENTS, SERVANTS OR EMPLOYEES**. I further agree, as parent or guardian with legal responsibility for this participant, **THAT I WILL NOT SUE THE TOWN OF MADISON OR ITS AGENTS, SERVANTS OR EMPLOYEES** for money damages for personal injury sustained by said participant while using the Town of Madison or Board of Education facilities and equipment **EXCEPT IF DUE TO THE NEGLIGENCE OF THE TOWN OF MADISON AND/OR ITS, AGENTS, SERVANTS OR EMPLOYEES**.

PARENT'S/GUARDIAN'S SIGNATURE

PARENT'S/GUARDIAN'S PRINTED NAME

DATE

**Madison Beach & Recreation Department
Code of Conduct**

The Madison Recreation Department expects reasonable and appropriate behavior from those who visit and use facilities. The Department has established a Code of Conduct to ensure participant safety and enjoyment. Department management will take a zero tolerance stance with violators and those exhibiting criminal type behaviors. Department management reserves the right to deny admission and/or take disciplinary action against any person(s) violating our Code of Conduct or exhibiting actions deemed inappropriate.

Each participant is expected to do the following:

- Demonstrate courtesy even when others do not.
- Behave in a responsible manner, always exercising self-discipline.
- Respect the rights and privileges of other participants and Town staff.
- Respect the property of others, including Town property and facilities.
- Cooperate with or assist the Town staff in maintaining safety, order and discipline.

The violation of the Code of Conduct includes:

- Being involved in an instance of any form of insubordination.
- Failure to conform to Town rules.
- Use of profanity, vulgar language or obscene gestures.
- Defacing/damaging Town property or the property of others.
- Engaging in inappropriate physical or verbal contact and/or gang activity.
- Running, pushing, shoving, littering or throwing objects (which are not part of a supervised activity).
- Producing loud, rude or unnecessary noises.
- Involvement with drugs, alcohol or weapons.

Persons behaving in unacceptable manners as listed above may face the following discipline options:

Conference with staff and person involved in misbehavior.

- Conference with staff and parent/legal guardian, when appropriate.
- If the parent/legal guardian refuses to attend the conference or the person remains disruptive, the person may be restricted from the program.
- Restitution, when appropriate.
- Notification of outside agency, and/or police when appropriate.
- Acts of misbehavior of a violent nature will result in an automatic one (1) year suspension from all Beach & Recreation activities or facilities.

This Code of Conduct applies to all persons participating in any way in any Beach and Recreation programs. Repeated refusals to obey these codes will result in the notification of law enforcement.

Any person in disagreement with the disciplinary action may appeal the decision by filing a written notice to the Recreation Director within twenty-one (21) days. The Recreation Commission shall hear an appeal within forty-five (45) days of receipt of a notice of intent to appeal. The Recreation Commission decision is final.

I hereby understand and agree to the above written "Code of Conduct". Furthermore, I understand that by failing to abide by the above "Code of Conduct", my participation and pass privileges may be suspended or revoked on a permanent basis.

Name _____ Signature: _____

Name of Parent or Guardian (if under 18 years of age) _____

Signature of Parent or Guardian _____ Date _____

Emergency Contact Information

Name: _____	Phone: _____	Cell _____
Name: _____	Phone: _____	Cell _____