

Parent Permission Form & Medication(s) Form Please Print

Name of Participant: _____ **Phone #** _____

Birthdate MM/DD/YY _____ Participant's Email _____

Name(s) of Parent or Guardian: _____ **Parent's email** _____

Phone Number: Home: _____ Work: _____ Cell: _____

If your child will be on medication(s) during the time of the **Youth Adventures in Leadership Camp** please let us have the following information: If not on medication write "NONE"

Name of Medication & quantity (.....) delivered to camp: (PLEASE PRINT) (.....)	Dose (e.g. 10 mg)	When to be administered (e.g. mornings, 3 x day)	With or without food
(.....)			
(.....)			

1. Please make sure that your child's medication(s) are in their original packages/containers or in containers that have their dose and administering instructions clearly marked and signed by a parent/guardian.
2. **Please bring all medication(s) to the camp in an envelope clearly marked with your child's name**
3. Please check one of the boxes below:
 - a. I give permission for my child to be responsible for his/her own medication(s)
 - b. I wish my child to have her/his medication(s) dispensed by a member of the Youth Adventures in Leadership staff.
4. Clinic or Doctor's Name _____ Phone number _____
5. US Medical Plan Name _____ ID/Group Number _____
6. Member or Contract Number _____ Other _____
7. Physical Limitations (if none write "none") _____
8. Diet Preferences or Limitations, if any (if none, write "none") _____
9. Travel Insurance Carrier _____ Plan Number _____ Phone # _____

I give my consent to the following: (delete any section to which you do not consent)

1. I give my permission for my child to attend Adventures in Leadership, a youth program by Rotary international, at Camp Alexandra.
2. In the event that my child is injured or becomes seriously ill and I cannot be reached, I authorize any and all hospitalization, medical, dental or surgical treatment advisable in the circumstances. I also authorize the use of over the counter medication (cold remedies, aspirin etc.) if appropriate. I am aware that my child is required to have medical coverage while attending the program.
3. I give my permission for Youth Adventures in Leadership and Rotary to interview, record, tape and or photograph my child for publication of a directory and DVD for distribution to the participants, as well as for general publication and promotion of the Adventures program.

PLEASE NOTE THAT TRAVEL INSURANCE IS REQUIRED WHEN COMING INTO CANADA

Signature of Parent/Guardian(s) _____
Complete Home Address _____

