

PARENT'S REQUEST FOR GIVING MEDICINE AT Boulder JCC OFF SITE EVENTS
RELEASE AGREEMENT AND PHYSICIAN'S SIGNED ORDER

The undersigned parent(s) or guardian(s) of _____
 hereby request personnel employed by Boulder JCC to see that said child receives

_____ at _____ as described by prescribing physician.
 (Name of medication) (Time)

It is required by Boulder JCC as a condition to its agreement to administer any medication, that the medicine has been prescribed by a physician or dentist and that it has been furnished by the parents(s) or guardian(s) of the student with an appropriate label stating the child's first and last name, name of the medicine, times at which medication is to be administered, the dosage and the date when the medication is to be stopped. It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent(s) or guardian(s). In consideration of the acceptance of the request to perform this service by an personnel employed by Boulder JCC, the undersigned parent(s) or guardian(s) hereby agree(s) to release the said institution and their personnel from any legal claim(s) which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the student.

Dated this _____ day of _____ year _____

 Signature of Parent or Guardian Name of Physician or Dentist prescribing medication

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT YOUTH EVENT

Student's Name _____ medication(s) _____

Route of administration _____ Dosage (total mg/dose) _____

to be given at _____ from _____ to _____
 (Time) (Date) (Date)

Purpose of medication _____ Possible side effects _____

 Physician's Signature Date

For inhalers & EpiPens only: Doctor, please sign below to give permission for student to carry and self-administer the inhaler and/or EpiPen ordered on this form.

 Physician's Signature & Date

MEDICAL

Child's First and Last Name _____

What allergies (including food) does your child have? _____

Is your child presently taking medication on a continuing basis? _____ If yes:

Name of Medication _____ Current dosage _____

Prescribed for what condition _____

Over the Counter Medications your child can receive while attending CAJE Hebrew High Off-Site Event:

Are there any family arrangements of which we should be aware in case of an emergency?

Emergency Information/Permission to Seek Treatment:

In the case of injury to, or illness of, a child while at Boulder JCC activity, every effort will be made to contact the parent(s) or guardian(s). If a representative of Boulder JCC is unable to reach such person, the following instruction will remain in force unless revoked by the parent or guardian:

I hereby authorize Boulder JCC or any authorized representative to call my child's physician or dentist (or another physician or dentist available) for necessary care for my child in case of emergency. I agree to pay all expense incurred.

In addition, I do hereby authorize a representative(s) of Boulder JCC as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or surgeon, whether at the said physician's office or licensed hospital.

It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on any and all such examination, diagnoses, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may be advisable.

Child's medical insurance provider _____ Name of policy holder _____

Plan/Group number _____ Policy Number _____

Insurance Provider's Phone Number _____

Child's physician _____ phone _____

Child's dentist _____ phone _____

Emergency authorization for emergencies in the event I am unable to be reached (name): _____

Relationship: _____ Phone number _____ Cell phone _____

Emergency Release/Assumption of Risk: Parents and guardians, jointly and separately, release Boulder JCC, its officers, agents, and employees from all liability for injuries, illness or property damage resulting from my family/child's participation in all Boulder JCC sponsored activities and agree not to make any claim or demand against them for any or all losses or damages to student/family's person or property.

I have completed the above learning and medical information to the best of my knowledge. I have read all of the above and agree to abide by it.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ date _____