

To: Parent/Guardian of Youth Registrant
From: Nicholls State University, Office of Continuing Education
Re: Youth Programs Medical Policy

Welcome to Nicholls State University's youth programs. We are excited that you have chosen to send your child to one of our qualified youth programs. We hope that your child has a fun-filled time!

Below are the expectations for our medical procedures. All medical procedures must be followed according to the expectations listed below. Please contact our office at 985-448-4444 if you have any questions or concerns.

- All participants must have a current Medical Record Form on file in the Office of Continuing Education prior to the event begin date in order to attend any event. This form is used as a general medical form and is used for consent for emergency treatment.
- Participants who plan to take medicine during the course of the event must have a completed Parental Medication Self-Administration Consent Form and a completed Physician Medication Self-Administration Consent Form on file in the Office of Continuing Education two (2) weeks prior to the event begin date in order to attend any event. These forms are used for participants who intend to take medicine while away from home. Additional procedures for these forms are as followed:
 - Each prescribing physician for your child must complete the Medication Self-Administration Form. If more than two (2) medications are prescribed for your child, additional sheets should be attached. The form should be received two (2) weeks in advance of the event begin date. Your child will NOT be allowed to take his/her medication if either you or the attending physician does not complete the Medication Self-Administration Form.
 - The medication taken at during an event MUST be the SAME EXACT medication listed on the Medication Self-Administration Form —SAME DOSE, SAME NAME, and SAME ROUTE.
 - The medication must be presented in its original container from the pharmacy. It must include:
 - The name of the pharmacy
 - Address and telephone number of the pharmacy
 - Prescription number
 - Date dispensed
 - Name of the camper
 - Clear directions for use, including the route, frequency, and other as indicated
 - Drug name and strength
 - Last name and initial of pharmacist
 - Prescribing physician or dentist's name
 - The medication will be self-administered by your child and taken in the presence of event staff.
 - Your child should be observed administering his/her own medication at home prior to each event.
 - An event staff member will complete the Medication Administration Record Form when your child checks into the program. Medication will be counted when your child arrives on campus and before he/she leaves. Documentation will be kept as to how many doses your child has taken.
- Non-prescription medication should be treated the same as prescription medication—must have a Medication Self-Administration Form.
- Even if your child does not plan to take medicine during the course of the event, a Medical Record Form must be completed for your child so that the University will have Consent for Emergency Treatment/Liability Release.

NICHOLLS STATE UNIVERSITY

Office of Continuing Education - Medical Record Form

Name of Camp Attending							
Child's Name							
Age		BIRTH DATE		/	/		
ADDRESS							
CITY		STATE		ZIP CODE			
Grade Level in School Next Fall				T-Shirt Size			
PARENT (S)/GUARDIAN (S)							
TELEPHONE #'S	Home				Work		
	Cell Phone				2 nd Cell Phone		
In case of emergency, notify:	Parent/guardian listed above (circle best phone # for contact)	Other	Name				
			Relationship				
			Phone				
Family Doctor					Phone		
Is participant ALLERGIC TO ANY MEDICATIONS or environmental substances? (please check)					Yes	No	
If yes, list all known allergens							
Is participant on any medications (PRESCRIPTION OR NON-PRESCRIPTION) NOW? (please check)				Yes** (see below)	No		
Does participant have any chronic illness (es) or physical problems?				Yes	No		
If yes, please list.							
**IF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION MUST BE TAKEN DURING CAMP, THE PARENTAL MEDICATION SELF-ADMINISTRATION CONSENT AND PHYSICIAN MEDICATION SELF-ADMINISTRATION CONSENT MUST BE COMPLETED AND RETURNED TO THE OFFICE OF CONTINUING EDUCATION, NO LATER THAN TWO (2) WEEKS PRIOR TO THE START OF CAMP.							

PHOTOGRAPH CONSENT

Nicholls State University occasionally photographs summer camp participants to post on the website. We are sending you this parental consent form to both inform you and to request permission for your child's photo/image to be uploaded to the Nicholls State University website. Pictures are NEVER redistributed to any third party.

I agree with these terms I do NOT agree

CONSENT FOR EMERGENCY TREATMENT

I give the staff of Nicholls State University permission to administer emergency attention to my child. In the case of an emergency, campus police/personnel or ambulance services may escort my child to Thibodaux Regional Medical Center.

PARENT OR GUARDIAN'S SIGNATURE

DATE

NICHOLLS STATE UNIVERSITY

Office of Continuing Education— Release from Liability Form

I, the undersigned, being of full age of majority, hereby release Nicholls State University (hereinafter "Nicholls") and its agents from all claims that I may have against it, now and in the future, for any injury that I [or my minor child] may incur as a result of my [or my child's] participation in the following event(s) sponsored by Nicholls;

Name of event(s):	

I understand fully and accept the risks that are inherent in the described activities including off-campus field trips. With full understanding of the risk involved, I waive my right [and my child's right], to sue Nicholls for any injury sustained through my own, [my child's] or Nicholls' negligence. I further agree to indemnify Nicholls and its agents for any damages that may be assessed against it or them in a court of law pursuant to any claim arising from the event(s) described above.

PRINT NAME OF PARTICIPANT

PRINT NAME OF PARENT/GUARDIAN IF PARTICIPANT IS A MINOR CHILD

SIGNATURE OF PARTICIPANT

DATE

(If participant is a minor child, SIGNATURE of the child's parent or guardian)