

**Office of Continuing Education**  
P.O. Box 2119  
Thibodaux, LA 70310  
985-448-4444  
Fax 985-448-4554  
Continuing.ed@nicholls.edu



**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 Release Form 2024

<b>CAMPER'S NAME:</b>				<b>T-SHIRT SIZE</b>	
<b>AGE</b>		<b>BIRTH DATE</b>	/ /	<b>GRADE LEVEL (next Fall)</b>	
<b>ADDRESS</b>					
<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>	
<b>PARENT/GUARDIAN INFORMATION</b>					
<b>PARENT(S)/GUARDIAN(S) TELEPHONE NUMBERS and E-MAIL ADDRESS</b>	<b>NAME</b>		<b>CELL #</b>		
	<b>NAME</b>		<b>CELL #</b>		
	<b>E-MAIL</b>		<b>WORK #</b>		
<i>In case of emergency, notify (circle best phone # for contact)</i>	<b>OTHER</b>	<b>NAME</b>			
		<b>RELATIONSHIP</b>			
		<b>PHONE(S) #</b>			
<b>ALLERGY INFORMATION</b>					
<b>Is participant Allergic to anything?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If checked "YES" please complete Allergy Form</i>		
<i>If checked "YES" above please check all that apply to type of allergy</i>			<input type="checkbox"/> FOOD	<input type="checkbox"/> MEDICATION	
			<input type="checkbox"/> INSECTS	<input type="checkbox"/> OTHER _____	
<b>Epi-pen Needed</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If checked "YES" please complete Epi-Pen Form</i>		
<b>PHOTOGRAPH CONSENT</b>					
Nicholls State University occasionally photographs summer camp participants to post on the website. We want to inform you and to request permission for your child's photo to be uploaded to the Nicholls State University website. Pictures are <b>NEVER</b> redistributed to any third party.				<input type="checkbox"/>	<b>I agree with these terms</b>
				<input type="checkbox"/>	<b>I do NOT agree with these terms</b>

*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 Summer Camp events.*

\_\_\_\_\_  
PRINT NAME OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

### 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, university police may escort my child to Thibodaux Regional Medical Center.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

### Sign-Out Consent

*The above named camper is allowed to be checked out by the following people. If the person's name does not appear on this, your child will NOT be allowed to leave campus unless notified by the office 985-448-4444.*

Name	Relationship to Camper	Telephone Number

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