



# Cleveland State University

## HEALTH HISTORY FORM

### Appendix A: Cleveland State University Youth Program/Camp Medical Information and Release Form

**PROGRAM/CAMP INFORMATION:** Program Name: Cleveland State University Summer Day Camp (hereafter "Program")

Dates: June 5th – August 11th, 2017 Times: 7:30am – 5:30pm Location: Cleveland State University Recreation Center and surrounding areas

As a student, parent(s) or guardian(s) I/we understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. This information will be kept in strict confidence and will only be shared with your permission. Cleveland State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. Final determination about whether to participate is the responsibility of you and your physician. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Cleveland State University does not offer any form of insurance for participant while participating in Program.

#### PART 1. GENERAL INFORMATION

Participant Name (hereafter "Participant"): \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

Parent/Legal Guardian Name \_\_\_\_\_ Parent/Legal Guardian Name (if applicable) \_\_\_\_\_

#### PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with your physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_ Do you have health/accident insurance?: YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name/Address \_\_\_\_\_ Policy # \_\_\_\_\_

#### PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

##### For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO

If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO

If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO

If yes, please explain:

Does participant have a history of food allergies? YES NO

If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO

If yes, please explain:

#### PART 3: AUTHORIZATION FOR MEDICAL CARE

Participant has my/our permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I/We will assume the financial responsibility for any cost of health care for my/our child that may occur during this Program.

As a participant, parent, or guardian I/we understand and acknowledge that my/our failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my/our name(s) I/we represent and warrant that I/we have provided all materials and important information to Cleveland State University pertaining to my/our Participant's medical,

mental and physical condition and that it is accurate and complete. I/we agree to notify Cleveland State University of any changes in my/our mental, physical or medical condition prior Participant's scheduled Program.

By revealing or disclosing the above medical information it will not be used by Cleveland State University personnel or employees to determine Participant's ability to participate safely in activities. I/We understand that, if Participant chooses to participate in activities, he/she do so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself/ourselves and Participant.

**PARENT(S) OR GUARDIAN(S) MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18**

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix B: Cleveland State University Youth Program/Camp Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medication Form**

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant's parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay.

*Note: Unless we have parental authorization, we cannot administer ANY medications.*

I/We hereby authorize that the following medications may be given to Participant if the need arises. You may dispense only those checked.

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn) Tylenol/Acetaminophen as directed.
  - Ibuprofen as directed.
  - Throat lozenges and or spray as directed for sore throat.
  - Micatin or anti-fungus treatment as directed for athlete's foot.
  - Kaopectate or Imodium for diarrhea as directed.
  - Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
  - Rolaids or Tums for acid reflux, heartburn or indigestion as directed.
  - Benadryl for swelling, hives, allergic reaction, as directed.
  - Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
  - Visine or other eye drops for minor eye irritation.
  - Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
  - Swimmer's ear drops as directed.
  - Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
  - Medicated powder for skin irritation as directed.
  - Robitussin or other cough syrup as directed.
  - Calamine lotion for bug bites and poison ivy.
  - Sunscreen
  - Bug repellent
- Other (list any other approved over-the-counter drugs) \_\_\_\_\_

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I/We understand that such administration will not be done under the supervision of medical personnel. I/We also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents/guardians. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I/We understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I/We authorize the administration of over-the-counter medications to my/our child as indicated above. I/We shall indemnify and hold harmless the Program Staff, the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my/our child being administered the above indicated over- the-counter medications. I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced program.

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be completed fully in order for participants to self-administer required medication. A new medication administration form must be completed for each Program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, and parent signature.

No, my child does not need to take any prescription medication while at the Program.

\_\_\_\_\_ Yes, my child will need to take prescription medication while at the Program.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

**PRESCRIBER AUTHORIZATION FOR SELFADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?      YES      NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We authorize and recommend self-medication by my child for the above medication. I/We also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I/We shall indemnify and hold harmless the Program Staff, the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my/our child's self-administration of prescribed medication(s). I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix C: Cleveland State University Youth Program/Camp Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY PARENT(S) OR LEGAL GUARDIAN(S) BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

**I/We**, the undersigned, wish for my/our Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my/our Child's participation, I/we hereby agree as follows:

I/We acknowledge, understand and appreciate that as part of my/our Child's participation in the Program there are dangers, hazards and inherent risks to which my/our Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I/We further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my/our Child to take part in the Program. Therefore I/we, on behalf of my/our Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Program.

I/We, on behalf of my/our Child, hereby release the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "Cleveland State University") from any and all liability as to any right of action that may accrue to my/our heirs or representatives for any injury to my/our Child or loss that my/our Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my/our heirs and assigns.

I/We, on behalf of my/our Child, furthermore release, indemnify and hold harmless Cleveland State University from and against any

and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our Child may suffer, for which my/our Child may be liable to any other person, that may or does arise out of my/our Child's participation in the Program. I/We understand that Cleveland State University accepts no responsibility for my/our Child's personal property.

In the event of an accident or serious illness, I/we hereby authorize representatives of Cleveland State University to obtain medical treatment for my/our Child on my behalf. I/We hereby hold harmless and agree to indemnify Cleveland State University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I/We further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my/our Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Ohio.

**This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My/Our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our Child.**

**PARENT(S) OR GUARDIAN(S) MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18**

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Appendix D: Cleveland State University Youth Program/Camp Media, Photo & Video Release Form**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my/our child's participation in the above captioned event, I/we, the undersigned parent(s)/guardian(s) of the minor child indicated below, hereby grant to Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I/We waive my/our right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I/We understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I/We also understand that neither I/we nor my/our child will receive compensation in connection with the use of my/our child's image.

I/We, on behalf of my/our child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our child may suffer, for which my/our child may be liable to any other person, or that may or does arise out of the use of the Materials.

**This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample to read this document and I/we understand and agree to all of its terms and conditions. I/We acknowledge that I am/we are signing this document freely and voluntarily. My/Our signature(s) on this document is intended to bind not only myself/ourselves but also my/our successors, heirs, representatives, administrators, and assigns.**

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_