YMCA OF THE TRIANGLE
GROUP TRIP CONSENT

REVISED: 1/26/2017

CONTACT INFORMATION

Child's Name: _____

Name Called: _____

Birth Date: __ / __ / ____

Age at time of trip: _____

Parent #1/ Guardian Name: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Email: _____

Parent #2/ Guardian Name: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Email: _____

Trip Destination: _____

Branch: _____

If neither parent can be reached, in case of emergency notify:

Name: _____

Relationship: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Name: _____

Relationship: _____

Home Phone: ( ) _____

Work Phone: ( ) _____

Cell Phone: ( ) _____

Are there any behavorial or emotional problems, special concerns, or chronic diseases regarding your child's health or medical history? (Attach separate statement, if necessary)

_____

What if any, are your child's special dietary restrictions? _____

RESPONSIBILITY FOR ALL MEDICAL EXPENSES: I agree to pay for all medical expenses that maybe necessary for the health and wellbeing of my child. The YMCA does not file medical insurance claims. The staff will pay for any and all medical care your child needs and receives. The YMCA will invoice you for these expenses and supply you with all the receipts and medical information for you to then file a claim with your health insurance company for your personal reimbursement. You agree by your signature below that you will pay the YMCA for these medical expenses within 30 days of receiving the invoice.

CONSENT TO EXAMINE, PRESCRIBE MEDICATION AND TREAT: I hereby give you permission to the registered nurse or physician selected by the YMCA of the Triangle Area to perform routine tests and treatment for the health of my child. In the event of an emergency or other acute event where time will not allow me to be reached, or I cannot be reached, I hereby give permission for the medical staff to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery, and other medical treatment.

PERMISSION TO DISCLOSE INFORMATION: I agree to allow the medical staff to speak with the YMCA of the Triangle Area personnel living or working with my child, regarding any medications my child is taking, as well as specific medical or psychological conditions that may impact my child's daily living.

PERMISSION TO RELEASE RECORDS: I authorize the YMCA of the Triangle Area to release any health records related to my child as may be necessary for treatment, referral, billing, or insurance purposes.

I have read and understand all the policies stated above.

Parent/Guardian Signature _____ Date _____

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the YMCA of the Triangle to rely upon this representation for all purposes related to the program.

OVER THE COUNTER MEDICATIONS (TEEN PROGRAMS ONLY)

The YMCA wants to provide your child with the best and most accurate care possible. The policy for all participants is that **all** medications must be given to a staff member who will keep and administer the medication as directed throughout the trip. This policy includes **all over the counter medications as well as prescription medications.**

Because there are a variety of over the counter medications that your child may need throughout the trip, we understand that it would be difficult to send all of these medications as well as a medication form with your child. As a result, we will pack the following medications that wil be available to all people on the trip: Tylenol, Advil, Pepto Bismol, Dramamine, Benadryl (oral and topical) Imodium AD, Tums, Neosporin, Claritin, and Zyrtec.

In order for the YMCA to administer any of these medications to your child, you must complete, sign, and return this form.

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

The following over the counter medications will be available on this trip. Please circle the medications that YMCA staff has permission to administer to your teen.

Tylenol	Benadryl	Claritin
Advil	Imodium AD	Zyrtec
Pepto Bismol	Tums	
Dramamine	Neosporin	

Generic forms of these medications may be used.
Dosage Amount: _____

PARTICIPANT CODE OF CONDUCT (TEEN PROGRAMS ONLY)

As a participant in a YMCA function, I agree to abide by all policies and guidelines established for the group. I will cooperate with the staff and my fellow travelers to ensure the best experience possible for all participants. I understand that I will be representing myself and the YMCA of the Triangle, and therefore will behave in a positive and appropriate manner throughout the trip. I will adhere to the YMCA Behaviors/Expectations and Discipline Policy and understand the following will not be tolerated: **possession or use of alcoholic beverages, cigarettes, or illegal/unauthorized drugs; intentional violation and/or disregard of safety policies; sexual misconduct; unauthorized and/or unexcused absence from the group, including being out of my room after room check**. I understand that my failure to follow established group policies may result in my immediate return home at my family's expense, and may jeopardize my participation in future YMCA events.

Signature of Participant: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____