

The Jewish Community Center of St. Louis
Camp Waiver and Releases of Liability

2010

As a condition of my child(ren)'s participation in the following JCC day camps: ("Activity") for which I am registering at Jewish Community Centers ("JCC") and, on behalf of myself and my child(ren), I agree that:

STATEMENT OF PHYSICAL CAPABILITY

I warrant and represent to JCC that:

1. My child(ren) is/are in good physical health condition and is/are physically able to participate or compete in the Activity I have selected;
2. I know of no physical restriction whatsoever which would prohibit my child(ren)'s participation or competition in the Activity that I have selected. I have been advised by JCC that it would be in my best interest to consult my physician prior to my child(ren)'s preparation in regard to my child(ren)'s participation in the Activity; and
3. I recognize and understand that the preparation and participation in the Activity may necessitate strenuous physical activity and could activate any unrecognized pre-existing cardiovascular disorder which my child(ren) may have, thereby resulting in serious or life threatening physical harm to my child(ren).
4. I certify that my child(ren) is/are healthy and able to participate in all camp activities as of the date of making this application.

PERSONAL INJURY RELEASE

As a condition of my child(ren) being permitted to participate in the Activity, I, the undersigned parent, on behalf of myself and my child(ren) agree that:

1. I recognize that participation in the Activity involves risks of physical and emotional injuries and damages, including, but not limited to, injuries, damages or losses relating to or resulting from slips, falls, collisions, car accidents, drowning, trauma, health failure, and/or other mishaps whether known or inherent to the Activity or whether foreseeable or unforeseeable. Possible injuries to my child(ren) can include death, personal injury, paralysis, property damages, loss of service and other injuries and damages to my child(ren) or to third parties.
2. I and my child(ren) assume full responsibility for any injuries, damages or losses which may occur to my child(ren) and agree that JCC and its trustees, officers, agents, employees, representatives, volunteers, students and assigns (the "JCC Parties") shall not be liable for any damages arising from any personal injuries that my child(ren) may sustain in connection with the Activity whether occurring on or about the premises of the Millstone Campus at 2 Millstone Campus Drive or on the Harry and Jeanette Weinberg Campus at 16801 Baxter Road occurring adjacent to or outside of the property of JCC, or as a result of my child(ren)'s preparation for or participation in the Activity, to the extent that this Personal Injury Release provides for the release of such liability.
3. On behalf of myself and my child(ren), we hereby fully and forever release and discharge and hereby agree to indemnify and hold harmless the JCC Parties from any and all present and future claims, demands, damages, rights of action or causes of action (collectively "Claims") arising out of, resulting from, or connected in any way with my child(ren)'s preparation for and/or participation in the Activity, whether known or unknown, anticipated or unanticipated, and specifically including, but not limited to, any Claims arising out of or resulting from JCC Parties' own negligence or fault or the negligence or fault of their agents, employees, representatives, volunteers and assigns, provided that this release and discharge shall in no way affect any claims which we cannot legally waive, such as grossly negligent acts, intentional acts occurring in the future and acts done with malfeasance.
4. We understand that we are releasing the JCC Parties from liability to the full extent that the law allows not only from any risk inherently associated with participation in the Activity, but also any enhanced exposure to injury occasioned by any carelessness, negligence or fault of the JCC Parties or anyone acting on the JCC Parties' behalf, including any and all liability for damage and injury or death to my child(ren) or to any person or property to the full extent that the law allows.
5. I understand that THIS RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE, and I accept the terms as a condition of a Minor being permitted to use the property and facilities of JCC and JCC Day Camps and to participate in the JCC programs and activities and JCC sponsored programs and activities sponsored and programs and activities occurring at the JCC.

RELEASE FOR PERSONAL PROPERTY

I acknowledge and agree that JCC and its agents, employees, representatives, volunteers and assigns (the "JCC Parties") shall not be liable for any loss or theft of personal property and I release the JCC Parties for any liability for loss or theft of any personal property in connection with the Activity.

INDEMNIFICATION BY PARENT OR GUARDIAN

In consideration of the below named child(ren) ("Minor") being permitted by JCC to participate in the Activity and use its equipment and facilities, we further agree to indemnify and hold harmless JCC and Jewish Federation from any and all claims which are brought by, or on behalf of Minors or any of them, which are in any way connected with such use or participation by Minors or any of them. In the event parents are divorced or separated, the custodial parent must sign the registration form. In the event the parents have joint custody, both parents must sign this form.

MISCELLANEOUS CAMP MATTERS

ACCEPTANCE WITH COMPLETED PHYSICIAN'S STATEMENT: I, as parents, understand that the application is subject to a physical examination of the child(ren) by a physician and review and approval of the examination by the Camp Director. Acceptance of enrollment will result in the camp reserving a place for the child(ren).

FIELD TRIPS: The parent or guardian grants permission to the camp for their child(ren) to participate in trips away from the camp and this camp waiver and releases of liability applies during such special trips.

I agree that the camp may adopt any other regulations that the camp deems necessary for the welfare of the camp and the campers.

NOTICE: JCC Day Camps do not permit discrimination because of race, color, age, sex, handicap or national origin.

THIS DOCUMENT CONTAINS RELEASES OF THE RIGHTS OF PARTICIPATING CHILD(REN) AND THEIR PARENTS WHICH ARE INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS WAIVER AND RELEASE AND I AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT.

Minor's Name (Please Print)	Parent or Guardian Name (Please Print)	Parent or Guardian Signature	Date
1 _____	_____	_____	_____
2 _____	_____	_____	_____

2010 PROTOCOL FOR ADMINISTERING MEDICATION TO CAMPERS

1. A signed consent form from the parent/guardian to administer the medication as prescribed must be on file in the camp office.
2. In addition to the parent/guardian consent, one of the following must also be on file in the camp office, that include the name of the camper, name of the drug, administration schedule, duration of administration, reason for medication, route of administration and any other specific instructions.
 - a. A Medication Consent form completed and signed by a licensed health care provider OR
 - b. A written note signed by a licensed health care provider OR
 - c. A faxed statement from the licensed health care provider.
 - d. In the event prescription medication is to be given during camp, the medication must be brought to the camp in a container appropriately labeled by a pharmacist or physician, and given to the camp nurse or director by a parent/guardian.
3. The following medication protocols will apply:
 - a. Due to the potential of an adverse reaction, the JCC Day Camps will not administer the first dose of any medication. Even if the camper has had the medication in the past, but this is the first dose in a series of doses, the first dose will not be given at camp.
 - b. The JCC Day Camp Administrator or designee will designate staff who will be responsible for the administration of medication. Those designated may not have had previous medical training.
 - c. All medication must be in the original container (example: over-the-counter medication such as is given for cold symptoms) or in a container that had been appropriately labeled by a pharmacist or physician (example: prescription medication such as an antibiotic). Since some campers take medication at home and at camp, the pharmacist can be asked to put the medication into two containers with one containing the supply for home and one for camp.
 - d. Medication containers must contain only the amount of medication necessary for the doses to be given at camp. For medication which is to be given once a day for two weeks, this generally means that 8-10 pills will be in the container depending on when the medication was started.
 - e. When medication is brought to the JCC Day Camp, it must be turned in to the camp nursing office or day camp director at the beginning of the camp day where it will be stored in a locked cabinet if refrigeration is not required. Parents/guardians are encouraged to count the medication before delivering it to camp. No child is to have medication with them at camp unless it has been determined that the child can self-manage medications (See g).
 - f. All discontinued or unused medication must be picked up by the parent/guardian or disposed of by the JCC Day Camp Administrator or designee at the end of the administration period or by the end of the camp sessions, whichever comes first.
 - g. Consideration of self-managed medication administration by a camper will be evaluated on an individual basis following a written request by the parent/guardian to the JCC Day Camp administrator and a signed authorization from the prescribing health care provider.

It is anticipated that there may be situations which arise during camp activities which necessitate treatment of a child for a minor injury or unanticipated physical symptoms which develop or evolve unexpectedly in the camp setting. Often times, the injury or physical symptoms can be remedied with first aid treatments or over-the-counter, non-prescription medications and do not necessitate a significant loss of camp time. These medications are referred to as protocol medication and include but are not limited to *Acetaminophen (for headache, fever over 101, discomfort associated with flu-like symptoms, sore throat, earache), Bacitracin (for cuts and abrasions), Bactine (for insect bites, cuts and abrasions), Hydrogen Peroxide (to cleanse cuts and abrasions), Dacriose/Normal Saline (to clean the eyes if something has gotten into them), Baking Soda/meat tenderizer packs (for insect bites), Solarcaine or equivalent (for sunburn, local treatment of minor abrasions, breaks in the skin), Aloe Gel (for sunburn), Calamine lotion (for weed rash) and *sunscreen. *Adrenaline (or Epipen or Epipen Jr.) will be available for use by the camp nurse of JCC staff in the event of a severe life-threatening event involving campers 3 years of age or older.

*These medications have age restrictions for use and may only be administered by emergency medical personnel or the camp nurse or staff. See Protocol Policy. To this end, protocols or standing orders have been established with approval by the (Doctor who ok's), for use in the above noted situations.

- a. The Recommended Procedures for Emergency Care of Illness and Injuries published by the Missouri Department of Health will be used as the guide for treatment of sudden illness or injury at camp.
- b. Guidelines for protocol medication administration including indications for use will be used.
- c. Protocols are reviewed and modified on a yearly basis as needed.
- d. The medications/treatments included in the protocols will only be administered with written consent or phone consent from the parent/guardian.
- e. Only one dose of oral medication covered under the protocols will be given during any camp day. If symptoms are not relieved, the parent/guardian will be notified.
- f. The camp will notify the parent/guardian if oral protocol medication is to be given. It is most important that a parent/guardian notify the camp office if a medication was given to their child before camp, other than that which is taken regularly.
- g. Personnel designated by the JCC Day Camp Administrator to administer the medication/provide treatment following protocols will maintain documentation on each child who requires treatment or medication covered under the protocols.
- h. The parent/guardian may review the standing order and protocols that will be kept on file in the camp office by contacting the JCC Day Camp Administrator or designee.

Please note that a 2010 **PHYSICIAN'S STATEMENT** must be on file for every camper.

The **PROTOCOL MEDICATION CONSENT** form must also be on file in the camp office. Please fill out and return to the office by May 7, 2010.

A **MEDICATION CONSENT FORM** is available for those campers needing prescribed medication administered at camp. (Have on file if needed)

PROTOCOL MEDICATION CONSENT AND CONSENT TO MEDICAL TREATMENT

Specific medications have been approved for use by campers as needed during camp-related activities if parent/guardian consent is on file. These medications are available for use by designated camp staff or the camp nurse as outlined in the "Protocol Medications Policy".

I acknowledge that I have reviewed and am familiar with the Protocol Medication Policy and the Medication Policy and consent to terms and conditions of Policy.

I realize a physician will not be present or available during the administration of medication, that the Camp Nurse may not be present for this purpose, and that medication may be administered by a non-medical person. Further, I indemnify and hold harmless the Jewish Community Center employees from and against all claims arising out of the implementation of the Protocol Medication Policy and administration of medication under this policy and the Medication Policy.

JCC has my permission to have a physician treat my child(ren) if needed during my participation in the Activity or while my child(ren) is/are on the property of JCC. I authorize the Camp Director to use his or her judgment in arranging for any medical care for my camper which the Camp Director deems necessary. I hereby consent to any first aid, medication, medical treatment or surgery deemed necessary by the Activity Camp Director in his or her judgment. I release JCC and its agents, employees, representatives, volunteers and assigns of and from all claims for injuries or damages incurred by my child in connection with the delivery of such care in good faith. This release is also a condition of participation in the Activity. I consent that my child(ren) may be assessed and/or treated by the Camp Nurse or, if the Nurse is not available, by a designated Camp Staff in case of illness or injury.

I agree to pay all expenses of care administered to my child(ren).

Signature: _____ Date: _____

BEHAVIOR POLICY

The JCC programs are designed for children to function in an atmosphere dedicated not only to individual growth but also to group cohesion. These situations sometimes stimulate various behaviors including both positive and negative peer pressures. Since our program population is a sampling of the world we live in, we deem it advisable to delineate very clearly what the JCC's standards and rules are and what action we will take in our role as "substitute parents" in the event that these rules are broken.

NOT ALLOWED:

- a. Illegal activity, including possession or use of any drug or substance.
- b. Possession or consumption of alcoholic beverages.
- c. Possession of tobacco products.
- d. Possession or sale of pornographic materials.
- e. Possession of knives or weapons of any kind.
- f. Activity detrimental to the welfare or health of others, including, but not limited to, persistent physical or verbal abuse, theft, or vandalism. The JCC will charge the offender for repairs or removal of graffiti.
- g. Certain items and activities at the JCC are not necessary or are inappropriate. We ask that participants not bring to the JCC, CD's and Ipods that contain inappropriate language as deemed inappropriate by JCC staff (i.e., violent or abusive lyrics, etc.), matches, lighters, fireworks, or incense of any kind.
- h. Unauthorized cell phones are not permitted at the JCC.

Should we have reason to suspect a participant of violating any of the above rules, we shall respond as follows: for a, b, c, d & e, and in cases of theft (f), we reserve the right to search the participant's possessions in their presence. If we determine a violation of the rules has occurred, we will notify the participant's parents. Violation of a or b will result in immediate dismissal. In the case of c, d, or f, disciplinary action may be taken after full consideration.

In regard to f, the JCC encourages respect of other participants and staff. Any participant who does not adhere to this philosophy will be counseled, and, if necessary, disciplined by us. If such counseling and discipline does not result in cooperation and better behavior, we will consult with parents. We then reserve the right to suspend a participant from the program. This behavior may also affect future enrollment, and we do reserve the right not to bring a participant back into the program.

We also feel that a safe and successful programming experience requires adherence to a few rules and regulations regarding safety procedures. Persistent and willful disregard for these rules and regulations is considered sufficient reason for expulsion. This will not be enforced without first communicating with parents and making every effort to secure cooperation. Being a part of the JCC community means doing activities together. Participants are expected to join in group activities and are encouraged to participate in all program activities.

Campers Name (please print)

Parents Name (please print)

Date

Campers Signature

Parents Signature

2010 PHYSICIAN'S STATEMENT

To insure an informed response in case of an emergency, your child **WILL NOT BE PERMITTED** to attend Summer Day Camp without a completed 2010 Physician's Statement signed by a physician. **OR** your child must have had an exam since September 1, 2008 and a copy to be on file.

**THIS FORM TO BE COMPLETED BY A PHYSICIAN
FILL IN CHILD'S NAME AND FORWARD TO YOUR PHYSICIAN.**

Child's Name _____ Birth Date: _____
Weight: _____ lbs Height _____ Is the current examination normal? Yes _____ No _____
Note any abnormal findings: List name of drug(s) currently used, dosage, frequency needed: _____

List any known allergies (drug, food, plants, insects): _____

IMMUNIZATION DATES: (Please complete this section or attach a copy of the current immunization record.)

DPT: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
POLIO: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
MMR/MR: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
HIB: _____

TB: _____ Reaction: _____

HEP-B: 1. _____ 2. _____ 3. _____

Is child under a physician's care for any conditions? If so explain: _____

Is any treatment/medication needed during program participation? _____

Will medication be needed during participation? If so, please explain: _____

Is child under any dietary restrictions? If so, please explain: _____

Please mark information pertinent to this child:

- | | | |
|--|-----------------------------|----------------------------------|
| _____ Anxieties | _____ Heart Defect/Disease | _____ Developmental Disability |
| _____ Hearing Deficiency | _____ Asthma | _____ Attention Deficit Disorder |
| _____ Behavioral Disorder | _____ Down's Syndrome | _____ Speech Delay |
| _____ Glasses/Contacts | _____ Hearing Aids | _____ Tourette's Syndrome |
| _____ Seizure Disorder | _____ Orthopedic Disability | _____ Wheelchair |
| _____ Crutches | _____ Cane | _____ Walker |
| _____ Incontinent [] Past [] Present | | |

Any other special concerns (including behavioral) _____

DATE OF EXAM: _____ **PHYSICIAN'S SIGNATURE:** _____

Type or print Physician's name: _____ Date Signed: _____

**** RETURN THIS FORM BY MAY 7, 2010 or sooner. ** (If signing up for camp after this date, form is due immediately)**

Please return to: Jewish Community Center Attn: Day Camp Registrar or Fax to: (314) 442-3404
16801 Baxter Rd. Chesterfield, MO 63005 Attn: Day Camp Registrar

JCC DAY CAMPS MEDICATION CONSENT FORM

(This form is to be used only if a child is taking medication during camp)

I hereby request and authorize JCC DAY CAMPS to give my child medication as specified below, according to the "Medication Protocol". In making this request, I acknowledge that a physician or nurse will not be present or available during the administration of medication, and that medication may be administered by a non-medical person.

* This form is to be completed by the health care provider who is prescribing the medication and signed by the health care provider and parent/guardian.

CAMPER'S NAME: _____

1. Medication: _____

Reason for Medication: _____

Dosage/Route: _____ Time(s) of day: _____

Start date: _____ End Date: _____

Side Effects/Special Instructions: _____

2. Medication: _____

Reason for Medication: _____

Dosage/Route: _____ Time(s) of day: _____

Start date: _____ End Date: _____

Side Effects/Special Instructions: _____

Physician Signature/Date

Parent/Guardian Signature/Date

Physician Phone Number

Parent/Guardian Phone Number