

Consent Forms - DYS Resident Camp 2009

Parents and child attending camp MUST initial each section that they grant their consent.

Parent / Child

Medical Management

I agree to have my child follow Diabetes Youth Services method of diabetes treatment as outlined in the "Diabetes Youth Services Summer Big Shots Resident Camp 2009 Camper Information" Manual and use approved supplies while at camp. I further agree that at DYS Big Shots Resident Camp, insulin whether by injection or pump must be administered under the direct supervision of a qualified staff member any time insulin is given.

_____ / _____

Attendance

I permit my son/daughter to attend Camp Libbey and participate in all phase of the activities, both on and off camp property. I have read and understand all information that has been provided to me. I understand that my son/daughter may be participating in high-risk activities, but will be under adult supervision at all times.

_____ / _____

Early Departure Notice

If your child must leave camp before the Friday pick up time, **please notify DYS staff in writing as soon as possible.** You will be able to pick up your child at the Administration Building where you dropped him or her off. *Once a camper leaves Camp Libbey they may not return until next year.*

_____ / _____

Designated Driver

If for some reason I am not able to take my child home from camp, I give my permission for my son/daughter to be taken home by:

_____ / _____

Name _____ Relationship _____

Name _____ Relationship _____

Mailing Database and Camp Directory

I give my permission for Diabetes Youth Services to add/update my child's and my information in the DYS general mailing database. I also permit my camper's name and contact information to be listed in a Diabetes Youth Services Camp Directory that will be provided to all DYS Summer Campers so they can keep in touch and help support one another all year.

_____ / _____

Parent's E-mail Address: _____

Camper's E-mail Address: _____

Emergency Consent

1. This authorization concerns our child _____ who is a minor.
2. I appoint Robin R. Condon, RN, BSN, CDE, to be my agent for consenting to emergency medical care and treatment of our child in our absence. If we are unavailable or cannot be located, our agent may consent to any medical examination, x-ray or other diagnostic procedure, anesthetic, medical or surgical procedure or treatment, or hospital care of our child that is recommended by a physician. I authorize any physician who has treated our child or any hospital in which our child has been admitted to surrender physical custody of our child to our agent.
3. This authorization makes our agent a "person who has legal authority to consent to medical treatment or hospital care on behalf of" our child under Ohio Revised Code Section 2317.54 (C).
4. I am giving this authorization before any specific diagnosis, treatment, or hospital care of our child is required. I intend this authorization to help make available to our child medical care and treatment that may be required in the future.
5. My authorization shall remain effective June 21 – June 27, 2009 unless the physician or hospital acting under this authorization has been notified in writing that my authorization has been revoked.
6. I authorize Diabetes Youth Services to release or receive all medical records for the above named camper, including but not limited to those records pertaining to substance abuse and emotional or mental health.

_____ / _____

For Special Education – “Sex, Drugs & Rock n’ Roll”

The DYS staff and medical advisors are aware of the alarming rate of teen pregnancy and HIV infection among young people in the state of Ohio, as well as the nation. Recently, a number of young people with diabetes have also been casualties of this problem. As health educators, we feel it is our responsibility to inform young people with diabetes the consequences of having sex and teach and encourage them to say “no” to unhealthy sexually related behaviors until they are ready.

For your child to make healthy choices regarding sexuality, they must be encourage to take good care of their body (diabetes or not!), ask parents and other trusted adults for information, and respect themselves and other people. Children must also be encouraged to make their own choices and not be influences by peer pressure or someone who wants to take advantage of them.

With this in mind, DYS staff has organized two presentations. The first session is designed for 10-12 year-olds, presented separately to boys and girls. We will also incorporate content on substance abuse, and the consequences of smoking, alcohol and drug use with diabetes. We will provide students with facts about HIV and sexually transmitted diseases. We will focus on teaching different kinds of risks and encouraging them to avoid taking “unhealthy risks”, and how they can respond effectively to peer pressure.

The presentation for 13-15 year-olds will contain everything that the presentation for 10-12 has, as well as a more in depth view of sex and substance abuse. Information regarding contraception will also be provided, with an emphasis on abstinence.

If you would like your camper to be a part of this presentation please indicate by initialing to the right.

_____/____

General Waiver and Photo Release

In consideration of Diabetes Youth Services permitting me to participate at Diabetes Youth Services Summer Camp, and acknowledging that physical activities while at camp has inherent risks, on behalf of my heirs, executors, administrators and assigns, I hereby waive, discharge and release any and all rights and claims for damages which I may have against Diabetes Youth Services, Camp Libbey or any other facility and their management, as well as any other person connected with Diabetes Youth Services Camp Hot Shots, their heirs, executors, administrators and assigns, for any and all injuries which I may suffer while taking part in Diabetes Youth Services Camp Hot Shots or as a result thereof.

I hereby give Diabetes Youth Services, their legal representatives or assigns, and those acting under their permission and upon their authority, or those for whom Diabetes Youth Services is acting, permission to use my picture, and if desired, my name in advertising and in all forms of publicity, without limit as to time. I further release Diabetes Youth Services from my liability for what I might deem misrepresentation of me by virtue of alterations, optical illusions or faulty mechanical reproductions in such advertising and/or publicity.

Hometown/Local Paper: _____

(Please do not list The Blade.)

_____/____

By signing below, I confirm that my child and I have read the above, understand each section and have initialed our approval where appropriate.

Parent/Guardian’s Signature _____

Date ____/____/____

Camper’s Signature _____

Date ____/____/____

DYS Camp Pump Policy

As more and more campers are using insulin pumps to better manage their diabetes, it has become incumbent upon diabetes camps nationwide to develop clear policies regarding pump handling, maintenance and use while participating in DYS Summer Camps.

We strongly encourage you to insure your child’s pump by securing a “loss policy” as an *addition* to your homeowner’s or renters insurance. Homeowner’s or renters insurance covers the pump only in very extreme circumstances. A specific loss policy will cover pump replacement if it is lost or damaged, at home or at camp. These policies cost approximately \$25-\$30 per month, or about \$350/year. If you have insurance for your child’s pump, please copy the declarations page and attach to this document.

Diabetes Youth Services can not be held responsible to replace your child’s pump unless our camp staff are willfully and grossly negligent, therefore if damage occurs to your child’s pump while participating in camp, your family will bear the cost of replacement.

DYS will label each child’s pump and acknowledge receipt with signatures at check in, and store it in clearly labeled containers while not in use. Staff will be checking each camper before and after activities that require removing the pump, and also at camp check out to make sure they are wearing their pumps and they are working correctly. Campers and parents will confirm receipt of their child’s pump at camp’s end with signatures.

Pump Liability Waiver

In consideration of Diabetes Youth Services permitting my child, who continuously wears an insulin pump to manage his/her diabetes, to participate in Diabetes Youth Services Summer Camp, and acknowledging that wearing the pump while at camp has inherent risks, on behalf of my heirs, executors, administrators and assigns, I hereby waive, discharge and release all rights and claims for damages which I may have against Diabetes Youth Services, facilities utilized by Diabetes Youth Services and their personnel as well as any person connected with Diabetes Youth Services Camps, their heirs, executors, administrators and assigns while taking part in Diabetes Youth Services Camps or as a result thereof.












My signature below signifies that I have read and agree with the DYS Pump Policy and Pump Liability Waiver.

_____/_____/_____
Parent/Guardian Signature

_____/_____/_____
Witness to Signature

Parent/Camper Agreement on Camp Rules

My child and I have read and understand all information provided to me, and my camper and I agree to all terms and rules that include:

-  I will not leave the property for any reason during the camping session.
-  I will not intentionally injure or endanger myself or any other person either physically or emotionally. This includes keeping my blood sugar extremely high or low on purpose.
-  I will not destroy or endanger the environment, camp, camp property, or personal property of others. If I do, my family will be liable for damages caused.
-  I understand that camp staff has the right to search my belongings if there is reasonable suspicion that I have materials not allowed in camp.
-  I will not use foul or abusive language.
-  I will not engage in any sexual conduct.
-  I will not smoke, use drugs, alcohol, or weapons.
-  I will not have in my possession during camp any of the items listed on the “What Not to Bring” list such as cell phones, hand-held electronic games, iPods, hair dryer or other electric devices, mouthwash, syringes, etc.
-  If I do not follow these rules, I:
 1. Will be promptly dismissed from camp.
 2. Must have parent/guardian pick me up from camp.
 3. Will not be refunded camp fees.
 4. Risk losing the privilege of returning to camp in the future.
-  If I am with someone who is breaking any of the above rules, I will also be dismissed.
-  I take responsibility for reporting inappropriate behavior by other campers to camp staff.

I have read and understand the rules and will help enforce them. In addition, I have read and explained the camp rules to my child and believe that he or she understands them. I agree to pick up my child from camp if he or she breaks this contract.

Parent/Guardian’s Signature _____ Date ____/____/____

Camper’s Signature _____ Date ____/____/____

Camper Name _____

Age _____



GIRL SCOUTS OF WESTERN OHIO
Maumee Valley Region – Camp Libbey
28325 State Route 281, Defiance, OH 43512
419-243-8216 or 1-800-356-1447 FAX: 419-782-9408
www.girlscoutsofwesternohio.org

Program Name _____
Date _____



THIS FORM MUST BE COMPLETED BY AND FOR EACH PARTICIPATING IN A HORSEBACK RIDING PROGRAM

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
CAMP LIBBEY DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE – Camp Libbey agrees to provide to the following individual:

RIDER NAME	AGE (if under 21)	WEIGHT Over 240#	HORSE RIDING EXPERIENCE (Check one which applies)
_____	_____	____ YES ____ NO	____ Beginner (under 10 hours) ____ Over 10 hours

Does this rider have any physical and/or mental health condition, problem, and/or disability which may require accommodation or affect her/his safety and ability to ride a horse? YES NO (circle one)

If "yes" describe each:

WRITE INITIALS BELOW AFTER READING EACH SECTION.
Parents or guardians must also initial for minors.

B. TERMS – The term "**HORSE**" herein shall refer to all equine species. The term "**HORSEBACK RIDING**" herein shall refer to riding, or otherwise handling of horses or ponies, whether from the ground or mounted. The term "**RIDER**" shall herein refer to a person who rides a horse mounted, or otherwise handles or comes near a horse from the ground. The term "**I**", "**ME**", "**MY**" shall herein refer to the above-registered rider and the _____/____ parents or legal guardians thereof, if a minor.

C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as **RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY**, and that there are numerous obvious and nonobvious inherent risks always present in such activity, despite all safety _____/____ precautions.

D. NATURE OF CORRAL HORSES – I UNDERSTAND THAT: Camp Libbey chooses its horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and our corral follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground, it will generally be a distance of from 3½ to 5½ feet, and the impact may result in injury to the rider. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; changing directions or speed at will; shifting its _____/____ weight; bucking, rearing, kicking, biting, or running from danger.



Girl Scouts®

Girl Scouts of Western Ohio
 Maumee Valley Region – Camp Libbey
 28325 State Route 281, Defiance, OH 43512
 419-784-5888 or 1-800-356-1447 FAX: 419-782-9408
www.girlscoutsofwesternohio.org



THIS FORM MUST BE COMPLETED BY AND FOR EACH PERSON PARTICIPATING IN THE ADVENTURE CHALLENGE EDUCATION (A.C.E.) PROGRAM, HIGH ROPES, LOW ROPES, OR THE CLIMBING WALL

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS PHYSICAL OR PSYCHOLOGICAL INJURY MAY RESULT FROM YOUR PARTICIAPTION IN THIS ACTIVITY. GIRL SCOUTS OF WESTERN OHIO DOES NOT GUARANTEE YOUR SAFETY.

A. **REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE** – Girl Scouts of Western Ohio agrees to provide to the following individual:

Participants Name	Age	Grade	Weight Over 240#	Date of Program and Name of Group
			_____ YES	
			_____ NO	
Does this participant have any physical and/or mental health conditions, problems, and/or disability which may require accommodation or affect her/his safety and ability to participate in the teambuilding activity? YES NO (circle one) If "yes" describe each:				

WRITE INITIALS BELOW AFTER READING EACH SECTION

Parents or guardians must also initial for minors

____/____ I understand that my participation in this activity is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity. I have read the full value contract on the back of this agreement, and agree to follow guidelines as presented.

____/____ I understand the employees of the Girl Scouts of Western Ohio have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child.

____/____ I understand that climbing, high ropes course, low ropes course, ground initiatives, zip line and other activities in the program for which I and/or my child have enrolled, entails risk. I elect to participate, or allow my child to participate, in spite of these risks.

____/____ **Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Girl Scouts of Western Ohio, and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

____/____ I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

____/____ I grant the Girl Scouts of Western Ohio, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create.

