

## **Waivers & Agreements for Horizons, Inc. Camp Horizons**

### **Camper Agreements and Waivers**

#### **Transportation Agreement**

Please read and sign below:

I give permission for my camper to be transported by Horizons' staff for purposes of program participation.

#### **Photo/Video Agreement**

Please read and sign below:

I give permission for my camper to be video recorded and/or photographed by Horizons. \*For summer camp programs I understand that if I do not give my permission, my camper will not appear in group photos and DVDs that are distributed to all participants. Any video recordings or photographs will be used for the following reasons: \*Educational publicity purposes including, but not limited to, newsletter and website Any video recordings or photographs may also be used for the following reasons: \*For staff development or educational materials \*To study social interactions \*To assess the environment \*To share positive experiences with other members of the team \*To share positive experiences with other professionals at workshops and conferences \*To provide treatment Horizons retains all rights as property of Horizons to all video recordings and photographs. Copies of video recordings and photographs will be made available upon request.

#### **Medication Agreement**

Please read and sign below:

A Medication Information Form, or valid physician's orders must be on file. Included must be all medications and treatments prescribed to the camper-this includes medicated lotions, inhalers, and liquids, allergy/cold/as needed medications, and temporarily prescribed medications. Samples and foreign prescriptions cannot be accepted without proper prescription labelling. Each medication brought must include accurate dose, time, frequency, route and any special instructions. Each prescribed medication or treatment must be signed by the prescribing physician. Any changes in dose, time, and frequency must be accompanied by a written physician's order or a new form. Any medication that has been added or discontinued requires a written physician's order or new form.

Labels on medication containers must match the medication information form. It is the parent/provider or guardian's responsibility to insure that all prescribing physicians are aware of all medications prescribed to the camper and that no contraindications or interactions exist.

Medications must be supplied in the original prescription labelled packaging or over the counter packaging. Medications must not be expired or be stored in expired packaging.

If your camper is under the age of 18, valid orders must be on file for every medication including over the counter items. If your camper is over the age of 18, the parent/provider or guardian may add, change or discontinue over the counter items as desired.

#### **Medical Waiver**

Please read and sign below

I hereby give permission to the medical and leadership personnel selected and trained by Horizons, Inc. to dispense medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me / or my camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Horizons, Inc. to secure, administer, or recommend medication or treatment in accordance with standing orders, including hospitalization, for the named camper. I hereby ascertain that all medical information provided is correct and the person herein described has permission to engage in all prescribed camp activities, duties or responsibilities except as noted. I acknowledge that my camper will participate in physical activities at camp that may be associated with risk of concussion or other injury.

**If choosing to electronically sign, I agree that typing my name will be the electronic representation of my signature for all purposes. I understand my electronic signature indicates I agree to the information in all sections of this Waiver.**

Signature of Guardian    Signature required

Printed name    Printed Name

Camper's Name    Camper's Name

Relationship to Camper    Relationship to Camper

Date    Date