



**Bath Area Family YMCA**

Freedom Tour 2019 - **Confidential** Emergency Treatment Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Best Email Address(s) \_\_\_\_\_

Parent/Legal Guardian Name(s) and best phone(s) \_\_\_\_\_

Including area code.

Insurance Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber's Name and D.O.B. \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Employer of Subscriber \_\_\_\_\_

ALLERGIES, CHRONIC HEALTH PROBLEMS, ALLERGIC REACTIONS, PHYSICAL AIDS,  
MEDICAL DIETARY RESTRICTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We will supply over-the-counter medications for headaches, diarrhea, upset stomach, motion sickness, sore throats, colds and menstrual cramps. These typically include **Tylenol, Ibuprofen, Pepto Bismol, Imodium AD, Mylanta, Dramamine, Bonine and Chloraseptic Cough Drops**. Our nurse will dispense these and only in the manufacturers suggested dosages for age.

**Under no circumstances** should students bring their own non-prescription medicine. This hinders our nurse's ability to monitor the administration of the medications.

Prescription(s) and instructions (including time of day to be given) Please be as specific as possible: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribed medications **MUST** be checked with the Medical Staff (at departure) in original containers, dated with physician's name and prescribed amounts. The MEDICAL STAFF will administer them.

**See Back page**

I \_\_\_\_\_ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child \_\_\_\_\_ should an emergency arise during this program. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided on this sheet before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital, urgent care, and/or treatment center, depending on the nature of the emergency. I understand any medical expense incurred will be the responsibility of our family. I understand if my child is taken to an emergency facility it is my responsibility to immediately travel to said facility and take responsibility for my child's care.

**Parent/Legal Guardian's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

## Essential Eligibility Criteria

Due to the nature of the group-based style of this program, the following list of **essential eligibility criteria** have been developed to create a safe environment for all the children in this program. We will do our best to make any reasonable accommodations. Please list any concerns regarding the following topics.

- Timely with personal hygiene, packing and ready for departure early every morning, usually by 6:30am.
- Move place to place with the group without wandering off.
- Following basic directions from staff/team leaders.
- Reasonably get along with their fellow peers in large and small group settings.
- Can handle a fast-paced program.
- Can process change quickly and cope with distraction.
- Capable of effective interaction in our group-based environment.
- Talk with a staff/team leader person when assistance is needed.

Individualization Plan:

Are there any accommodations for us to consider? Please describe: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had episodes of danger or self-inflicting harm? \_\_\_\_\_

\_\_\_\_\_

Are there activities or environments your child may get angry, anxious or fearful? \_\_\_\_\_

\_\_\_\_\_

If you answered the above, please describe any triggers you may be aware of, as well as how staff and volunteers can best support your child during that time. \_\_\_\_\_

\_\_\_\_\_

The safety of the participants, volunteers, and staff during this trip is our priority. Please share any additional information about your child that we should know. **The YMCA cannot be held responsible for information that is not shared with us.** \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, believe my child, \_\_\_\_\_ can perform and adhere to the above essential eligibility criteria.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian printed name

All forms must be filled out legibly and in their entirety.

**Authorization for Release of Information**

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(Parent or legal guardian) (Professional facility—school system, pediatrician’s office, CDS site, etc.)

to release to the Bath Area Family YMCA the following information:

\_\_\_\_\_  
(Issues pertaining Essential Eligibility Criteria)

This information will be used only to plan and coordinate the care of my child and will be kept confidential and will not be shared.

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Brunswick Junior High School

65 Columbia Avenue  
Brunswick, ME 04011-2999

Main Office: 319-1930 Counselors Office: 319-1932 Fax: 721-0602

Walter Wallace  
Principal

Catherine Nein/Alanna Roy  
Guidance Counselors

Lisa Cushman  
Assistant Principal

## Authorization for Release of Information

I give my consent for exchange of information concerning

\_\_\_\_\_, Date of Birth \_\_\_\_\_

This exchange of information is reciprocal between:

Brunswick Junior High School  
65 Columbia Avenue  
Brunswick, ME 04011

School contact person(s) \_\_\_\_\_

And

Clinician, Physician, School, Agency, Other BathAreaFamilyYMCA

Address: 303 Centre Street Bath, ME 04530  
\_\_\_\_\_

Telephone # 207-443-4112  
\_\_\_\_\_

For the purpose of Freedom Tour  
\_\_\_\_\_

I understand that this consent is voluntary and can be revoked at any time.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

# Bath Area Family YMCA Freedom Tour

## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Bath Area Family YMCA Freedom Tour Program.**

### Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in the Freedom Tour activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with the Freedom Tour participation, including but in no way limited to: (1) slips, trips, and falls, (2) bus/travel accidents, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with the Freedom tour participation and that said list in no way limits the operation of this Agreement. I further acknowledge that in the event my child is required to be excused from the trip, all expenses related to transportation home will be my responsibility. This may include airline flight, bus, train, or other arranged travel.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in Bath Area Family YMCA's Freedom Tour, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Bath Area Family YMCA its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Bath Area Family YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Bath Area Family YMCA facilities/equipment or participation in Bath Area Family YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Bath Area Family YMCA, its officers, agents, and employees.

In consideration of the named minor's participation in Freedom Tour, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Bath Area Family YMCA its agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Freedom Tour participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Freedom Tour participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Freedom Tour and that by signing this agreement I hereby, on behalf of myself and the named minor, release Bath Area Family YMCA, its officers, agents, and employees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the Freedom Tour.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of Maine and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Maine and that Maine shall have exclusive venue to hear any and all disputes relating to or arising from this document.

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Participant Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)

All forms must be filled out legibly and in their entirety.



## Bath Area Family YMCA Freedom Tour Student Personal Electronic Device Policy



The purpose of the Freedom Tour Student Personal Electronic Device Policy is to establish guidelines that meet the needs of the YMCA, program participants, and parents, while respecting the sites we visit and other community partners. Written to support the Bath Area Family YMCA's core values of Caring, Honesty, Respect and Responsibility, the policy promotes digital citizenship in order to live safely and civilly in our increasingly digital world.

“Personal Electronic Device” means any device that a student is in possession of which electronically communicates, sends, receives, stores, reproduces or displays voice and/or text communication or data. These include, but are not limited to cellular phones, smart phones, music and media players, smart cameras, gaming devices and tablets. Laptop computers are not permitted.

The student who possesses a personal electronic device shall be solely responsible for its care. This includes damage, loss or other use - ending events.

### Examples of Acceptable Use

- ✓ Following the same guidelines for respectful, responsible behavior online that is expected offline.
- ✓ Engaging in constructive discussion, when allowed, to participate communicatively or collaboratively through/with Freedom Tour Activities through tools such as blogging websites, interactive educational opportunities at venues, research exhibits/events or the bus video/audio/Wi-Fi systems.
- ✓ Using devices for communicating with friends and family, posting, listening to music, playing games etc. when there is appropriate “down time” such as in hotels, during bus rides or social time.
- ✓ Contacting a leader if separated from the group.

### Examples of Unacceptable Use

- ✓ Attempting to find inappropriate images or content.
- ✓ Accessing, sending, creating, or posting materials of communication that are: damaging to yours or another person's reputation; bullying; abusive; offensive; sexually orientated/pornographic; threatening or demeaning to another person such as gender, race, politics, sexual orientation, looks, dress etc.
- ✓ Demeaning the Bath Area Family YMCA, participating school, community or sponsors' reputations.
- ✓ Transmitting personally identifying information, about yourself or others.
- ✓ Agreeing to meet someone you met online in real life.
- ✓ Engaging in communication either by text, video, and/or digitally with a stranger you meet online or in person while on the Freedom Tour.
- ✓ Using the device when expected to be engaged with specific Freedom Tour activities, discussions and presentations that require you to be fully present.

### Consequences

The number of previous acts, the nature of the act, and the context in which the act occurred shall determine corrective action. Discipline and/or consequences may range from behavioral intervention such as sitting forward in the bus, limiting use of the device, contacting parents or in extreme cases confiscating the device for repeated and/or severity of the violations. When there is reasonable suspicion of unauthorized/illegal use or personal/others safety is in jeopardy, the YMCA may search or turn the devices over to the proper authorities for further investigation

# Digital Citizen Pledge

I will honor the integrity of the YMCA, my community, school and family as an ambassador of the responsible use of technology.

I understand that when I am required to be **“FULLY PRESENT”** during Freedom Tour activities I will not engage with my electronic device.

I will remember that not all people have access to or utilize technology in the same way. I will not treat others differently if they do not have the same options.

I will not engage in any form of cyber bullying, hate mail, defamation, harassment of any kind or discriminatory jokes and remarks.

I will tell a Team Leader or other responsible adult right away if I come across any information that makes me feel uncomfortable. I understand that to have technology rights that I have to be responsible in my actions as well.

I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message, text, photo or video that is not appropriate. If I do, I will tell my Team Leader or another responsible adult right away.

I will treat others the way that I wish to be treated when using technology. I will keep in mind that my technology use affects others.

**I will ask permission of others BEFORE I post pictures that include them and be respectful of their choice if they request that the picture not be posted.**

I will be a good digital citizen and not do anything that intentionally hurts other people or is against the law.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_ I give my son / daughter permission to bring a personal electronic device on the Freedom Tour and understand this policy and have discussed it with my child.

\_\_\_\_\_ My son / daughter will not be bringing a personal electronic device.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Printed Parent/Legal Guardian Name

**All participants without electronic communication devices will be given opportunities to contact families during the trip, using the same guidelines as those who have devices.**