

CUSE SOCCER ACADEMY CAMP REGISTRATION



To complete the registration process we need you to email the following documents in **one PDF** with the athletes name as the file name.

1. 2017 Health Form.
2. Medical Authorization Form (if necessary).
3. Immunization Records (with last tetanus date).
4. Copy of insurance card (front & back).

- 1- Make sure to **COMPLETE ALL PAPERWORK** for the ID Clinic!!

*Deadlines for completed registrations:

February 11th ID clinic: February 3rd 2017

March 11th ID clinic: March 3rd 2017

All July Camps & Clinics: July 7th 2017

- 2- Email the completed paperwork (preferably in one PDF) to cusesocceracademyhealthforms@gmail.com & biboehne@syr.edu by the deadline above.
- 3- New Year / New Paperwork – Everyone **MUST** fill out the new 2017 paperwork, we **CANNOT** use 2016s if you attended a camp with us previously***
- 4- Please make sure you read the **Refund & Deposit** Policy on the ID Camp page!
- 5- Be on the lookout for follow up emails that will have further details leading into the camp. If you have any questions in the meantime, please feel free to reach me at this email address.

*For any additional questions please email Ben at biboehne@syr.edu

SYRACUSE UNIVERSITY SUMMER CAMP

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY YOUTH CAMP PERSONNEL

If a summer camp chooses to administer medication, the Onondaga County Department of Health requires an authorized prescriber (M.D., P.A, APRN) or dentist's written order and parent or guardian's authorization for camp personnel to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber, or dentist's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name.

AUTHORIZED PRESCRIBER OR DENTIST'S ORDER DATE ____/____/____

Name of Camper _____ Date of Birth ____/____/____

Street Address _____ City _____ State _____

Condition for which medication is being administered during camp hours _____

Medication (Name, dose, method of administration) _____ Is this a controlled drug? Y N

Times of Administration: Breakfast Lunch Dinner Bedtime As Needed Other: _____

Medication shall be administered from ____/____/____ to ____/____/____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Allergies, reaction to, or negative interaction with food or drugs? If YES, explain/list _____

Authorization by Prescriber for administration of above medication:

Prescriber's Name _____ Phone(____) _____

Address _____ City _____ State _____

Prescriber's Signature _____ Date _____

Authorization by Parent/Guardian for the administration of the above medication:

I have legal authority to consent to medication administration for the camper named above, including the administration of medication. I hereby request that the above medication, ordered by the authorized prescriber for my child be administered by the camp personnel designated by the Camp director. I understand that I must supply the summer camp with the prescribed medication in the original container and properly labeled by an authorized prescriber, dentist, or pharmacist. Over the counter medication shall be in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order/camp. I agree to indemnify and hold harmless the Summer Camp Program Staff, Syracuse University, its Board of Trustees, officers and employees against any claims that may arise relating to my child's self-administration of medication.

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Phone (____) _____

Parent/Guardian's Signature _____ Date _____

Authorization/Approval for Self-Administration of above medication:

Self-administration of medication may be authorized by the prescriber and parent/guardian approval for only asthma medication and epi-pens. SU camp personnel may witness the self-administration.

Prescriber's authorization for self-administration: YES NO _____
Signature Date

Parent/Guardian's authorization for self-administration: YES NO _____
Signature Date

Disclosure Statement

1. All Syracuse University Athletic Department summer sports camps are required to be licensed by the New York State Department of Health.

2. All Syracuse University Athletic Department summer sports camps are required to be inspected by the New York State Department of Health twice yearly.

*3. New York State Department of Health inspection reports are filed at the following address:
Onondaga County Department of Health
421 Montgomery Street
Syracuse, NY 13202*