TRI-TOWN YMCA PARTICIPANT CODE OF CONDUCT

Directions:
Please review the Code of Conduct with your child/ward, complete, and submit it with your registration.

Tri-Town YMCA Participant Code of Conduct
All Tri-Town YMCA participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in Tri-Town YMCA vehicles/school buses.
- While riding in Tri-Town YMCA vehicles/school buses, riders are to remain seated forward and keep the aisle clear.

Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming.

Parents will be notified by staff during pick up time of any concerns that may have come up during the program time. In the event of a serious behavior concern, a parent/guardian may be contacted during program time and asked to pick up their child/ward.

No refunds will be issued for participants dismissed from programming.

PARTICIPANT INFORMATION & SIGNATURE	
First Name	**Last Name**
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
_____ **Participant's Signature**	_____ **Date**

PARENT/GUARDIAN INFORMATION & SIGNATURE	
First Name of Parent/Guardian	**Last Name of Parent/Guardian**
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
_____ **Parent/Guardian's Signature**	_____ **Date**

TRI-TOWN MEDICATION AUTHORIZATION FORM

Directions: This authorization is valid for one year from the date of the physician's signature. Medication must be brought to program by an adult and given to a YMCA representative. The medication must be in its original container provided by the pharmacy with the pharmacy label in place. Any changes in medication or dosage require that a new form be completed. This form must be received before any medication can be accepted and dispensed. A log will be retained by Tri-Town YMCA. Please complete a separate form for each medication to be dispensed.

PARTICIPANT INFORMATION (Please print)	
First Name	**Last Name**
Parent/Guardian Name (print)	**Parent/Guardian Telephone**

TO BE COMPLETEED BY THE PARTICIPANT'S LICENSED PRESCRIBER Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.	
Diagnosis	**Medication Name**
Dosage	**Route of Administration**
Time/Circumstance When Medication Should Be Administered	
Side Effects	
Special Instructions	**Date of Prescription**
May the Participant Self-Carry/Self-Administer (Asthma or Allergy Medication Only) □ Yes □ No	
Physicians Name (print)	
Physician's Address	
Physician's Telephone	
Physician's Signature	**Date**

FOR PARTICIPANT SELF-ADMINISTERING ASTHMA OR ALLERGY MEDICATION TO BE COMPLETED BY PARENT/GUARDIAN

Please indicate where the child will be storing their medication device (i.e. backpack)

My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified healthcare professional. I hereby authorize my child to carry his/her asthma medication and to self-administer his/her medication as prescribed by his/her physician.

My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have provided Tri-Town YMCA an extra supply of his/her medication with a prescription label for use in the event that he/she forgets to bring his/her asthma medication to program on a particular day.

_____ _____

Parent/Guardian Signature **Date**

WAIVER TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, parent or guardian of _____, am primarily responsible for administering medication to my child. However, in a medical emergency or if necessary for the critical health and well-being of my child, I hereby authorize Tri-Town YMCA ("YMCA"), and its employees and agents, on my behalf and in my stead, to administer to my child or to allow my child to self-administer, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child and treatment of my child's condition to be performed by an individual other than a nurse and specifically consent to such practices. I will notify the YMCA in writing if the medication is discontinued and will obtain a written order from the physician if the medication dosage or treatment is changed. I understand that this medication authorization is only effective for the current school year and will need to be renewed each subsequent school year.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the YMCA, its employees and agents, arising out of the administration or self-administration, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice nurse. In addition, I agree to indemnify and hold harmless the YMCA, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

Parent/Guardian Signature:_____ **Date:**_____

Unused medication will not be sent home with the child and needs to be picked up on the last day of program by an adult. Medication will be destroyed if not picked up by the last day of program.