



## **Parent / Guardian Agreement for 2012 BCAP Participation**

**Camper Name:** \_\_\_\_\_

### **Camp Agreement**

Camp cancellations received by BCAP before May 1, 2012 will receive a full refund less a \$25 processing fee. **After May 1<sup>st</sup>, fees are non-refundable.** No refunds or adjustments will be made for absences including, but not limited to, withdrawal from the program, illness or failure to provide required paperwork.

Permission is granted to take my child on BCAP trips and for my child to participate in all activities in or outside the BCAP campus.

My child will come to camp each morning wearing a BCAP T-Shirt and sunscreen. The BCAP staff will not apply sunscreen to my child.

My child and I understand that BCAP has a zero tolerance policy for inappropriate behavior. The camp will not accept profanity, disrespect, bigotry, sexual aggression or any unsafe behaviors. I understand that the camp staff will make every effort to provide a positive experience for my child; however, if s/he cannot live within the rules of the camp or her/his behavior adversely affects the experiences of other children, I understand that s/he may be dismissed.

I have discussed the policies of the camp with my child and my child understands the consequence of unacceptable behavior could be dismissal from camp. I have discussed in detail my expectations of my child and have stated that we are in agreement with BCAP's policies.

I understand that there are a number of inherent risks involved in summer camp activities. I, parent/guardian of the child named below, agree to assume those risks, and release and hold Heart of Brooklyn and its members: Brooklyn Botanic Garden, Brooklyn Children's Museum, Brooklyn Museum, Brooklyn Public Library, Prospect Park and the Prospect Park Zoo (collectively hereinafter "HOB"), its affiliates and employees harmless from, and waive any claim against HOB as to, any injury that may occur to my child while attending BCAP.

**Parent/Guardian Initials** \_\_\_\_\_

### **Media Release Agreement**

BCAP may photograph/video activities and use photograph/video in which my child appears for publicity as developed by or for Heart of Brooklyn and its members: Brooklyn Botanic Garden, Brooklyn Children's Museum, Brooklyn Museum, Brooklyn Public Library, Prospect Park and the Prospect Park Zoo (collectively hereinafter "HOB"). I hereby give consent to HOB to photograph my child, and his or her artworks, for the purpose of documentation and marketing of HOB programs. I understand that the photographs will not be bought or sold for commercial purposes; that some images may be used in HOB brochures or in HOB presentations on the Web; that the specific HOB program, not the individuals, will be identified by name with the relevant photograph(s); and that these images will become part of the HOB Archives after five years, where they will be made available to researchers for study and scholarly publication.

I agree

I do not agree

**Parent/Guardian Initials** \_\_\_\_\_

**I represent that the information I have provided on this page is true and accurate and further represent that I have read and understand this agreement, and agree to its terms.**

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Custodial Parent/Guardian Medical Agreement

**Camper Name:** \_\_\_\_\_

### Health information Disclosure

My child is healthy and able to participate in Brooklyn Cultural Adventures Program (BCAP) activities. The child named above has permission to engage in all camp activities except where noted in the BCAP Health History and Medical Needs form or where indicated in a signed hand-written letter provided before camp. The information that I provided in the BCAP Health History and Medical Needs form is complete and correct to the best of my knowledge. I will provide a proper medical form based on an exam performed less than one year prior to the opening of camp as required by the Department of Health and New York.

**Parent/Guardian Initials** \_\_\_\_\_

### Prescribed Medication Agreement

I will provide BCAP with an original order from the prescribing physician for any medications that my child may need to take while at camp. If my child has an allergy that requires the use of an antihistamine such as Benadryl, I will provide such medication and a note from our doctor verifying this as a suitable treatment and prescribed dosage. A staff member will supervise the administration of this medication and assist in its administration when necessary. If my child has a severe allergy and has been prescribed epinephrine by a doctor, I will provide an EpiPen. A trained member of the BCAP Summer Camp staff will assist in the use of this EpiPen in the case of an allergic reaction in which my child displays symptoms of anaphylaxis. If my child has been prescribed an inhaler as treatment for asthma, bronchitis or a similar respiratory condition, I will provide my child with an inhaler each day. A staff member will supervise the administration of this medication and assist in its administration when necessary. In the case of a diabetic emergency, a BCAP staff member will provide juice as an easily digestible form of glucose. **The BCAP staff members cannot inject insulin.**

**No other medication will be administered by BCAP staff members. BCAP will only observe children who self-administer any other required medication.**

**Parent/Guardian Initials** \_\_\_\_\_

### Emergency Treatment Agreement

In case of surgical or medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the child, as named below, for whom I am financially responsible. Every effort will be made by the Camp Administration to immediately contact me in the event of emergency.

**Parent/Guardian Initials** \_\_\_\_\_

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



brooklyn cultural adventures program

**Custodial Parent/Guardian Authorization**

**Camper Name:** \_\_\_\_\_

**THIS AUTHORIZATION MUST BE COMPLETED FOR ATTENDANCE**

**By my signature below, I certify the following:**

The information that I provided in the BCAP Health History and Medical Needs form is complete and correct to the best of my knowledge. The child named above has permission to engage in all camp activities except where noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child as may be necessary, including but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as 'personal representatives' for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510 (b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I understand that part of the camp experience involves activities and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date