

**2012 Authorization for Treatment**  
**Emergency Contact Information**

**This form MUST be completed, and signed by a parent or legal guardian.**  
**All campers MUST provide a current Immunization Record to attend camp. It is requested you bring it with you the first day of camp except:**  
**If your child will be attending camp in CT, MA, or MD: Your state requires your child to have a physical every two years and up to date immunizations. You should obtain a physician form directly from your child's physician's office and send it to DayJams at least two weeks prior to the first day of camp.**

Campus location: \_\_\_\_\_

Date(s) attending: \_\_\_\_\_

Camper First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Daytime Ph: (\_\_\_\_) \_\_\_\_\_ Evening Ph: (\_\_\_\_) \_\_\_\_\_

In Case of Emergency (*and I cannot be reached*) please notify:

**Emergency Contact #1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Alternate Ph: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact #2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ Alternate Ph: (\_\_\_\_) \_\_\_\_\_

**Attention Parents:** The National Music Workshop/DayJams is a unique learning situation where individual expression and teamwork go hand in hand. In order to help your child get the most out of their time at DayJams, we ask that you provide us with personal information regarding any learning, behavioral, or personal difficulties they may have. Please include this on a separate piece of paper and attach it to the health form. Any information you provide will be kept in confidence and will only be used to help provide a healthy learning environment for your child. If we are not aware of your child's needs, we cannot help. With your help, we can make this program one of the most enjoyable educational experiences that your child will ever have.

List any **medications** being taken by your child on a regular basis including non-prescription drugs.

My child takes no medication \_\_\_\_\_

My child takes the following medication(s). Attach an additional piece of paper if more space is needed:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific time(s) of day: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**If your child will require medication during camp hours please fill out the Authorization to Administer Medication to a Camper form and submit to DayJams prior to your child attending camp.**

Camper's Primary Physician: \_\_\_\_\_ Ph: \_\_\_\_\_

Address: \_\_\_\_\_

**Release for Treatment:** This Authorization form is correct to the best of my knowledge, and the camper named above has permission to participate in all camp activities except as noted by the examining physician or myself. I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for my child, and, in the event that I and my emergency contact or Physician cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To complete your camper's registration, please send completed forms**

**MAIL TO:**  
**DayJams**  
**P.O. Box 222**  
**Lakeside, CT 06758**

**FAX:**  
**860-567-0374**

**E-MAIL TO:**  
**customerservice@dayjams.com**

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

(To be completed by parent/guardian)

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

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

Food/Drug Allergies: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Diagnosis (at parents' discretion): \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose given at camp: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Duration of Order: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Expiration date of Medications Received: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with Water): \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/Adverse Reactions: \_\_\_\_\_

Other medications (at parents' discretion): \_\_\_\_\_

Location where medication administration will occur: \_\_\_\_\_

I hereby authorize DayJams Health Supervisor to administer, to my child,

\_\_\_\_\_ the medication(s) listed above.

(NAME OF CHILD)

\*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read the following guidelines concerning Medication.**

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

Medication shall only be administered by the health supervisor\*. The health care supervisor shall acknowledge in writing the list of medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

Please bring this form signed to camp the first day



## **2012 POLICIES**

The following policies must be read, understood, and agreed to  
In order for your child to attend camp.

### **CAMPER CODE OF CONDUCT**

Our Code of Conduct is not meant to keep you from having fun, when everyone works together and is respectful of each other and the equipment, we all have a great time. We are positive by the time you leave the stage after your Friday evening performance your parents, friends, teachers, and the camp Director will be proud of you... and most of all, you are going to be proud of yourself!

1. Absolutely NO smoking, drugs, or alcohol on campus.
2. No vulgar or obscene language or curse words allowed, and no vulgar or obscene words, phrases, or symbols allowed on any article of clothing or any other article brought to DayJams.
3. Any type of verbal abuse, fighting, pushing, stealing (no "finders' keepers"), or use of other students' or faculty members' musical equipment or personal property without prior permission will result in dismissal.
4. Being disrespectful of adults and/or staff will result in dismissal.
5. If you made a request to be in a band with specific campers prior to registration and a mistake has been made, talk to your camp Director as soon as possible on Monday, preferably before camp begins. Any class or band changes MUST BE requested no later than the end of the day on Monday each week.
6. No damage to campus property or you will be responsible for repair, replacement, or cleaning costs.
7. No cell phones allowed at camp or during concerts.
8. Absolutely NO skateboarding on campus (due to our insurance agreements with the campuses we rent, we cannot allow students to skateboard).
9. Campers are responsible for their own equipment and possessions (drumsticks, guitars, gig bags, cords, textbooks, lunchboxes, clothing, etc.). Make sure when you leave an area you have all of your things with you. DayJams will not be held responsible for theft or damage to property. Campers MUST LABEL all belongings.
10. Campers must sign in and out at the Registration desk each morning. Camp Director must be notified if you are leaving early, going to be absent, or are being picked up by anyone other than a parent or carpool driver.

**DayJams reserves the right to expel a student with no refund for any behavior that is detrimental to the running of the program. If a camper mistreats fellow campers, staff, or the facility it is grounds for immediate expulsion.**

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**(Parent/Guardians' Signature)**

**(Date)**

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**(Camper Signature)**

**(Date)**