



Pennsylvania Masonic Youth Foundation

Revised Medical History and Release

In order to provide for a safe and meaningful experience for all our participants, the Pennsylvania Masonic Youth Foundation requires all program participants to submit this medical history and release – to be completed and signed by a parent/guardian. If this form is on file for your child's participation in another event, you may not need to submit a new one. However, a new form is required for every calendar year, or any significant change in health status. Youth may not be permitted to participate in an event without a current release on-site. Please be as detailed as possible. Information will be treated as confidential.

General Information *(this information is generally requested by medical personnel in case of emergency treatment)*

Name of Participant	Date of Birth	Gender	Height	Weight
Address	City	State	Zip	
Insurance Carrier	Policy Number	Relationship to Insured		
Insurance Company Pre-certification phone number or contact information				
Emergency Contact (Parent)	Phone #1	Phone #2		
Emergency Contact (Other)	Relationship	Phone #		

Medical History *Leave no blanks. If an item does not apply, write N/A. Attach additional sheets if needed.*

Name of Primary Care Physician _____ Phone # _____

Date of Last Health Exam (within past 24 months) _____

Is participant currently under care for any illness or injury? Explain. _____

Has participant had any surgeries or significant injuries in the past 12 months? Explain. _____

Date of last tetanus shot/booster _____

Does participant have any food, drug, or contact allergies? List, with reactions, where applicable. _____

Does participant have any disability or physical limitations that might affect participation in conference activities or require special arrangements? _____

Does participant have a **medical** need for a ground-floor room or handicapped-accessible bathroom? _____

Please list any special dietary needs or restrictions (medical/religious only): _____

List any other conditions or concerns we should be aware of: _____

Medication Information - For the safety of all our participants, we require that our adult leaders supervise your child's medication during an event. All medication brought to events, prescription or not, must be left in adult care for the duration of the program. No medications are to be left in participant's possession, except those that are for emergency use (for example, a rescue inhaler). Our complete medication policy is available upon request.

List medications participant takes currently or regularly: _____

Will your child be bringing any medications to the conference/event? _____ Yes _____ No If yes, be sure to complete a separate Participant Medication Schedule form.

Over-the-counter Medications: I give my permission for my child to have the following over-the-counter medications, or their generic equivalent, as needed during the event. (We will not give excess over-the-counter medications contrary to the express written directions on the packaging). *Initial* those you approve.

For headaches/pain

_____ Tylenol (Acetaminophen)
_____ Advil (Ibuprofen)
_____ Aleve (Naproxen sodium)
_____ Other (specify) _____

For allergic reaction (hayfever, insect sting, etc)

_____ Benadryl (Diphenhydramine HCl)
_____ Sudafed (Pseudoephedrine HCl)
_____ Hydrocortizone cream
_____ Calamine lotion
_____ Other (specify) _____

For upset stomach, diarrhea, etc.

_____ Pepto-Bismol (Bismuth liquid or tablets)
_____ Mylanta/Milk of Magnesia (Mg/Al based antacids)
_____ Tums/Rolaids (Calcium based antacids)
_____ Imodium (Loperamide)
_____ Other (specify) _____

For sore throat/cough

_____ Cough drops/lozenges
_____ Chloraseptic spray (Phenol)
_____ Other (specify) _____

May we provide your child with sunscreen? Yes / No

Others (specify) _____

We may also dispense routine first aid items such as non-prescription antibiotic creams, lotions, antiseptics, artificial tears, and so on. Please indicate here if there are any your child may NOT have: _____

Note on Attention Span Medications: Please note that some activities may be physically and/or mentally demanding and may include classroom settings and other tasks requiring concentrated attention. Please consider this when making plans regarding your child's attention-related medications for the program.

Parental Authorization

I, the undersigned am the parent or legal guardian of this child, with full authority to make and delegate decisions regarding this child's health. All of the health information recorded on this form is correct, and I have not omitted any health information necessary for the proper care of this child. A physician has examined this child and reviewed this child's general health within the past 24 months. I authorize the PA Masonic Youth Foundation to provide this child with routine first aid and to administer prescription and non-prescription medications as indicated herein. I authorize the PA Masonic Youth Foundation to make medical decisions on behalf of this child, including decisions to hospitalize this child, to approve specific medical procedures on behalf of this child, or to transport this child for medical reasons. I understand and agree that any such decisions will be made in consultation with qualified medical personnel if practicable, but that the PA Masonic Youth Foundation staff and other agents may make such decisions without the benefit of medical consultation if they find it necessary to do so. I authorize the PA Masonic Youth Foundation to have access to this child's medical records, and to provide those records to any third parties, as the PA Masonic Youth Foundation deems necessary to facilitate the care of this child. I waive any claims, for myself and on behalf of this child, against the PA Masonic Youth Foundation, and/or its agents, arising in connection with any of the activities or decisions authorized above. A photocopy of this signed authorization is as binding as the original. My child may participate in an active camp, sporting, or conference program (check one):

_____ Without restrictions _____ With the following restrictions and/or in keeping with the following special instructions: _____

Signature and Date

Print name of Parent/Guardian



PA Masonic Youth Foundation Revised Participant Medication Schedule

This page must be completed ONLY if your child will be bringing medications to take during the event.
Please read the entire PA Masonic Youth Foundation Medication Policy.
This form should be updated once a year unless medications change.

Participant: _____ Room Number: _____
Conference Staff Use

Event/Program: _____ Dates: _____

Medication Information and Schedule - For the safety and health of all our participants, PA Masonic Youth Foundation policy requires that all medication (prescription or over-the-counter) be kept in possession of adult leaders or program staff for the duration of the program. Medication will be dispensed to your child at your specified dosages and times.

The usual medication schedule for an event is (times are approximate):

Breakfast – between 7:30 and 8:30 AM

Lunch – between 12 Noon and 1 PM

Dinner – between 5:30 and 6:30 PM

Bedtime – between 10 PM and 12 Midnight

Please indicate below when your child's medication(s) should be taken. Specify if a medication is to be taken at an exact time, or if it is to be given at a time other than those listed above.

We need to know whether your child takes each medication as needed or on a routine schedule. If you check "as needed" for a given medication, we will only dispense the medication when your child asks for it. If you check "as scheduled" for a medication, we will remind your child each time a dose is scheduled. Please check only one of these columns for each medication.

Please complete the information below for each medication your child will be taking during the conference/event.

Medication	Dose	Special instructions/Times	As needed	As scheduled

All medications must be sent in the original container. We prefer you send only the number of pills needed for the week. If the instructions above differ from the label on the medication, please explain below. Your signature below authorizes us to dispense medication according to your written instructions on this form. Write additional instructions on the reverse side of this page.

Physician Certification – I certify that the medication listed above are to be take during this children's conference program and are medically necessary. This includes prescribed and over the counter medications.

Healthcare Provider Name Healthcare Provider Signature Phone Date

I have read the PA Masonic Youth Foundation Medications Policy. I hereby authorize the PA Masonic Youth Foundation adult leaders or program staff to dispense my child's medication according to the schedule above.

Parent/Guardian's Signature and Date: _____

PA Masonic Youth Foundation Medication Policy - Information for Conferees and Parents

For the safety and health of all our participants, all personal medications must be kept in the possession of designated adult leaders or program staff, and dispensed under their supervision. As a result, please be aware of the following policies. This policy applies to all participants under age 18. Upon request, we will also secure and dispense medications for participants over 18. If deemed necessary, we may also require adults to store medications in a secure area.

A parent or other adult will turn over medication to designated adults at the beginning of the program or event, and will receive it back from them at the program's end. Medications will not be turned over to minors unless a supervising adult is present.

All medications should be in original bottle or packaging. Please do not send loose or unidentified pills or pills in "daily dose" type sorters. We must be able to identify medication in order to dispense it. We prefer you send only enough medication for the duration of the event, but it is more important to have properly labeled containers than exact amounts.

Only emergency medications, such as a rescue inhaler or epi-pen, are exempt from this policy. No other medications, prescription or over-the-counter, are to be in participant's possession at any time.

Please be certain we know of any ***food or drug allergies*** your child has.

Medications, whether prescription or over-the-counter, ***will only be dispensed according to prescription/package label.*** If medication is to be dispensed contrary to the label on the prescription, a signed statement from the parent is required. A statement from the physician is preferred.

Medication List: Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Naproxen sodium (Aleve), diphenhydramine antihistamine/allergy medicine (Benadryl), pseudoephedrine (Sudafed) laxatives for constipation (Milk of Magnesia/Mylanta), chloraseptic spray, calamine lotion, cough drops, antibiotic cream, aloe or burn gel, bismuth subsalicylate/loperamide for diarrhea (Pepto Bismol, Imodium), Antacids (Tums/Roloids), hydrocortisone cream. With your permission, we will administer the OTC medications listed above if needed.

Adult volunteers and event staff dispensing medication are usually ***volunteers*** (concerned parents and adults, just like you), and generally do not have advanced medical training. Please give ***complete and clear instructions*** for all medications, as your instructions will be followed exactly.

All medication will be kept under lock and key at all times. A designated adult leader or program staff member will distribute medications according to necessary dosage schedules. Generally, medications will be dispensed at mealtimes and before bed, unless otherwise directed.

If your minor child refuses a dose, we will call you for direction. We cannot force or coerce any participant to take medication. Please indicate whether your child's medications are to be taken on a routine schedule or only as needed/requested.

Over-the-counter medications will only be given to minor participants with express permission of a parent/guardian. You may approve use of certain over-the-counters before the program begins, or we will call you for permission as needed. Conferees over 18 may authorize their own over-the-counter medications.

Depending on the program location, ***medications requiring refrigeration*** can usually be accommodated. Please inform us if your child's medication needs to be refrigerated, and if it requires a specific temperature range.

If your child requires ***injection medications***, such as insulin or others, all needles and syringes, whether used or unused, must remain locked with medications. We cannot dispose of infectious sharps. You are responsible to provide your own sharps container (which we will keep locked for you) and to dispose of it at the end of the conference. Injection medications must be ***self-administered***—adult leaders and program staff ***may not administer injections*** of any kind.

Adult leaders and program staff cannot administer medications such as suppositories, or any other medication that would require compromising the privacy of a participant. In such cases, a staff member will dispense the appropriate dose, which the participant may then self-administer privately, without supervision.

Any exceptions to this policy must be approved by the Executive Director of the PA Masonic Youth Foundation or the Board of Directors. If you have need to ask for an exception, please do not hesitate to contact him, but understand also that some exceptions ***may not be granted.*** While we want your child to participate in our activities, we are not in the medical business, and may deny participation if we feel we cannot adequately provide for the health or safety of all of our participants.

If you have any questions or concerns about your child's medication during a Youth Foundation program, please ask an adult volunteer or program staff member for assistance. For general questions about this or other PA Masonic Youth Foundation policies, contact us at:

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