



February 9, 2019

Dear Pediatrician,

Your patient, _____, is a prospective camper at the Gardendale Royal Family KIDS Camp, a summer camp program designed specifically for children who are under care of a foster family and/or have otherwise been separated from their original family members. While attending the Camp (July 15th to 19th, 2019), the health of the camper will be monitored by the Camp's Registered Nurse on staff. It's not unusual for a camper to require one of the over the counter medications listed on the Camp Application Form. The form has a section for you to approve or disapprove administration of common over the counter medications at safe dosages. Please consider giving the Camp Nurse permission to administer some or all of these over the counter medications by circling the medications you approve and signing the Application Form. In the event that the Camp Nurse feels the camper needs to receive any medication for which consent has not been given, she will contact you by phone for permission before administering it to the child.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in blue ink that reads "David C. Ansardi". The signature is written in a cursive, flowing style.

David C. Ansardi
Child Placement Coordinator
Gardendale Royal Family Kids' Camp: <https://gardendale.royalfamilykids.org>
Gardendale-Mt. Vernon United Methodist Church
805 Crest Drive
Gardendale, AL 35071
dansardi@gmail.com
205-913-2594; Toll Free FAX: 1-888-243-5479

**THIS PAGE AND THE NEXT ONE REQUIRE SIGNATURES
OVER THE COUNTER MEDICATIONS – PLEASE HAVE THE CAMPER’S
PEDIATRICIAN REVIEW AND SIGN THIS FORM**

INSTRUCTIONS:

For each medication listed below, please circle “Yes” or “No” to indicate whether or not you give the licensed camp nurse orders to administer the PRN (as needed) medication. These medications are stocked in unit doses for each individual camper and are administered according to written protocols. The Camper’s Physician provides the order and the Parent/Guardian provides the consent.

PARENT/GUARDIAN SUPPLIED OVER THE COUNTER MEDICATIONS:

	Name	Dosage:	Times:	Doctor		P/G consent	
				Yes	No	Yes	No
1.	_____	_____	_____	Yes	No	Yes	No
2.	_____	_____	_____	Yes	No	Yes	No
3.	_____	_____	_____	Yes	No	Yes	No
4.	_____	_____	_____	Yes	No	Yes	No
5.	_____	_____	_____	Yes	No	Yes	No

What is(are) the medication(s) for: _____

MEDICATIONS AVAILABLE “AS NEEDED” (PRN) AT CAMP:

Name of medication	Dosage	Indications	Doctor		P/G Consent	
			Yes	No	Yes	No
Benadryl	per label	Q4-6 hrs PRN Allergies	Yes	No	Yes	No
Ibuprofen	per label	Q6-8 hrs PRN pain or fever	Yes	No	Yes	No
Aleve	per label	Q8-12 hrs PRN pain or cramps	Yes	No	Yes	No
Tylenol	per label	Q4-6 hrs PRN pain or fever	Yes	No	Yes	No
Sudafed	per label	Q6 hrs PRN congestion/sinus pain	Yes	No	Yes	No
Robitussin	per label	Q4 hrs PRN cough/congestion	Yes	No	Yes	No
Pepto-Bismal	per label	per label instructions	Yes	No	Yes	No
Mylanta	per label	per label instructions	Yes	No	Yes	No
Milk of Magnesium	per label	per label instructions	Yes	No	Yes	No
Stool Softener	per label	per label instructions	Yes	No	Yes	No
Immodium	per label	per label instructions	Yes	No	Yes	No
Zantac	per label	per label instructions	Yes	No	Yes	No
Chloresceptic Spray	1-2 sprays	Q2 hrs PRN sore throat/mouth pain	Yes	No	Yes	No
Claritin	5-10mg	Q24 hrs PRN allergies	Yes	No	Yes	No
Zyrtec	per label	per label instructions	Yes	No	Yes	No
Hydrocortisone Cream	topical	apply to skin: rash/itching/irritation	Yes	No	Yes	No
Lotrimin topical	topical	Q 6-8 hrs PRN skin fungi rash	Yes	No	Yes	No
Neosporin topical	topical	Q 8-12 hrs PRN minor skin wounds	Yes	No	Yes	No
Topical aspirin	1 tab crushed	Q 6-8 hrs PRN insect stings	Yes	No	Yes	No
Visine Eye drops	1-2 drops	Q 4-6 hrs PRN red, itchy eyes	Yes	No	Yes	No

Doctor's Name _____ Lic # _____

Office _____

Address: _____ Phone _____

Physician Signature: _____

I understand that it is my responsibility as caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp. I hereby authorize RFKC’s nurse to administer the above medication from _____ to _____.
Day/Date Day/Date

Parent or Legal Guardian Signature

Printed Name

Date

Any Other Medical Instruction/Procedures (diabetic care, emergency instructions, etc.):

MEDICAL RELEASE FORM:

This health history is correct so far as I know, and the above named minor has permission to engage in all prescribed program activities, except as noted. The undersigned do hereby authorize the directors of Royal Kids Camp or such substitute as they may designate as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Director of Royal Family as legal guardian/social worker/other. I give my permission for _____ to attend the Royal Family Kids' Camp hosted by **Gardendale Mt Vernon UMC** in the summer of 2019.

Authorized Signature _____ Printed Name _____ Date _____

Child's Medicaid # _____ Signature: _____

Relationship to child: _____ Date _____

Parent or Legal Guardian's Signature: _____

Printed Name: _____ Phone numbers: _____

Person Authorized to pick-up child _____

PLEASE NO CAMERAS OR MONEY. THESE ITEMS ARE NOT NEEDED AT CAMP

Return Completed Application to:

David C. Ansardi
Child Placement Coordinator
Gardendale – Mt. Vernon United Methodist Church
805 Crest Drive
Gardendale, AL 35071
FAX: 1-888-243-5479
dansardi@gmail.com

We must receive a copy of the child's immunization records in advance of camp. Please also attach a photo of the child.

Gardendale Royal Family Kids' Camp 2019

Horse Program Participation Form

Child's Name

has permission to participate in the horse-riding program provided by the Royal Family Kids' Camp sponsored by Gardendale-Mt. Vernon United Methodist Church from July 15th to 19th, 2019. The program is provided under the Equine Activities Liability Protection Act as summarized below and attached in full.

WARNING

Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

(Adult's Name/Signature)

(Date)

As: Parent

Foster Parent

Legal Guardian

DHR rep

Please only return this page and not the remaining pages of the horse participation form.

Alabama

Code of Alabama. Title 6. Civil Practice. Chapter 5. Actions. Article 18. Exemptions from Liability.

[Statute Details](#)

[Printable Version](#)

Citation: AL ST § 6-5-337

Citation: Ala. Code 1975 § 6-5-337

Last Checked by Web Center Staff: 10/2013

Summary: This Alabama statute embodies the legislature's recognition that persons who participate in equine activities may incur injuries as a result of the risks involved in those activities. This statute provides that for the immediate preservation of the public peace, health, and safety, and to encourage equine activities, civil liability of those involved in equine activities is limited by law. Liability is not limited when the equine sponsor intentionally injures a participant or engages in willful or wanton behavior that causes injury or death. Participant in an equine activity is defined under the statute as someone who rides or otherwise participates in equine activities. It does not, however, include being a spectator at an equine activity, except in cases where the spectator places himself or herself in an unauthorized area and in immediate proximity to the equine activity. Warning signs alerting participants to the inherent risks of equine activities and the limitation of liability for injury are required to be posted at equine facilities.

Statute in Full:

(a) The Legislature recognizes that persons who participate in equine activities may incur injuries as a result of the risks involved in those activities. The Legislature also finds that the state and its citizens derive numerous economic and personal benefits from equine activities. The Legislature finds, determines, and declares that for the immediate preservation of the public peace, health, and safety, and to encourage equine activities, this legislation is to limit the civil liability of those involved in equine activities.

(b) As used in this section, the following words shall mean the following unless the context clearly indicates otherwise:

(1) ENGAGES IN AN EQUINE ACTIVITY. Riding, training, providing, or assisting in providing medical treatment of, driving, or being a passenger upon an equine, whether mounted or unmounted, or any person assisting a participant or show management in equine activities. The term does not include being a spectator at an equine activity, except in cases where the spectator places himself or herself in an unauthorized area and in immediate proximity to the equine activity.

(2) EQUINE. A horse, pony, mule, donkey, ass, or hinny.

(3) EQUINE ACTIVITY. Any of the following:

a. Equine shows, fairs, competitions, performances, or parades that involve any or all breeds of equines and any of the equine disciplines, including, but not limited to: dressage, hunter and jumper horse shows, grand prix jumping, three-day events, combined training, rodeos, driving, pulling, cutting, polo, steeplechasing, English and western performance riding, endurance trail riding and western games, and hunting.

b. Equine training or teaching activities, or both.

c. Boarding equines.

d. Riding, inspecting, or evaluating an equine belonging to another, whether or not the owner has received some monetary consideration or other thing of value for the use of the equine or is permitting a prospective purchaser of the equine to ride, inspect, or evaluate the equine.

e. Rides, trips, hunts, or other equine activities of any type, however informal or impromptu, that are sponsored by an equine-activity sponsor.

f. Placing or replacing horseshoes on an equine.

g. Examining or administering medical treatment to an equine by a veterinarian.

(4) EQUINE ACTIVITY SPONSOR. An individual, group, club, partnership, or corporation, whether or not the sponsor is operating for profit or nonprofit, which sponsors, organizes, or provides the facilities for an equine activity, including, but not limited to: pony clubs, 4-H clubs, hunt clubs, riding clubs, school and college sponsored classes, programs, and activities, therapeutic riding programs, and operators, instructors, and promoters of equine facilities, including, but not limited to, stables, clubhouses, ponyride strings, fairs, and arenas at which the activity is held.

(5) EQUINE PROFESSIONAL. A person engaged for compensation in:

a. Instructing a participant or renting to a participant an equine for the purpose of riding, driving, or being a passenger upon the equine.

b. Renting equipment or tack to a participant.

c. Examining or administering medical treatment to an equine as a veterinarian.

(6) INHERENT RISKS OF EQUINE ACTIVITIES. Those dangers or conditions which are an integral part of equine activities, including, but not limited to:

a. The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.

b. The unpredictability of the reaction of an equine to sounds, sudden movement, and unfamiliar objects, persons, or other animals.

c. Certain hazards such as surface and subsurface conditions.

d. Collisions with other equines or objects.

e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

(7) PARTICIPANT. Any person, whether amateur or professional, who engages in an equine activity, whether or not a fee is paid to participate in the equine activity.

(c)(1) Except as provided in subdivisions (c)(2) and (c)(3), an equine activity sponsor, an equine professional, or any other person, which shall include a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities and, except as provided in subdivisions (c)(2) and (c)(3), no participant or representative of a participant shall make any claim against, maintain an action against, or recover from an equine-activity sponsor, an equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities.

(2) Nothing in subdivision (c)(1) shall prevent or limit the liability of an equine-activity sponsor, an equine professional, or any other person if the equine-activity sponsor, equine professional, or person:

a. Provided the equipment or tack, and knew or should have known that the equipment or tack was faulty, and the equipment or tack was faulty to the extent that it did cause the injury.

b. Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity and to safely manage the particular equine based on the participant's representations of his or her ability.

c. Owns, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition which was known or should have been known to the equine-activity sponsor, equine professional, or person and for which warning signs have not been conspicuously posted.

d. Commits an act or omission that constitutes willful or wanton disregard for the safety of the participant, and that act or omission caused the injury.

e. Intentionally injures the participant.

(3) Nothing in subdivision (c)(1), shall prevent or limit the liability of an equine activity sponsor or an equine professional under liability provisions as set forth in the products liability laws.

(d)(1) Every equine professional and every equine-activity sponsor shall post and maintain signs which contain the warning notice specified in subdivision (d)(2). Signs shall be placed in a clearly visible location on or near stables, corrals, or areas where the equine professional or the equine-activity sponsor conducts equine activities. The warning notice specified in subdivision (d)(2) shall appear on the sign in black letters, with each letter to be a minimum of one inch in height. Every written contract entered into by an equine professional or by an equine-activity sponsor for the providing of professional services, instruction, or the rental of equipment or tack or an equine to a participant, whether or not the contract involves equine activities on or off the location or site of the

equine professional's or the equine-activity sponsor's business, shall contain in clearly readable print the warning notice specified in subdivision (d)(2).

(2) The signs and contracts described in subdivision (d)(1) shall contain the following warning notice:

WARNING

Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

(3) Failure to comply with the requirements concerning warning signs and notices provided in this section shall prevent an equine-activity sponsor or equine professional from invoking the privileges of immunity provided by this section.

CREDIT(S)

(Acts 1993, No. 93-601, p. 976, §§ 1-4; Act 2004-627, p. 1421, § 1.)