

January 2019

Dear CYM Participant,

Welcome to Crane Youth Music 2019! We look forward to welcoming you in just a couple short months to the SUNY Potsdam campus and Crane School of Music. There will be a few people contacting you over the next few months for information or to share updates about CYM. Emilia Gatti will again return as our Resident Director and we welcome Maxwell Grube as our CYM Camp Operations Director.

Please complete and return the forms in this packet prior to May 15, 2019. Note that you need to have medical forms completed and signed by a physician so please plan ahead to have that done prior to the deadline. All medical forms must be mailed or faxed, pdf copies are not acceptable by the New York State Department of Health. Please send forms single sided to the following address:

Crane Youth Music
Crane School of Music – SUNY Potsdam
44 Pierrepoint Avenue
Potsdam, NY 13676

Our scholarship deadline is May 1, 2019 and that information can be found here: <http://www.potsdam.edu/academics/Crane/camps/cym/info/financial>

Watch your email over the next couple of months for more announcements and information about camp. Please join our group on Facebook: <https://www.facebook.com/craneyouthmusic/>

Sincerely,



Julianne Kirk Doyle, DMA, Eastman School of
Music Director, Crane Youth Music
Professor of Clarinet
Crane School of Music – SUNY Potsdam
cym@potsdam.edu



THE STATE UNIVERSITY OF NEW YORK

Potsdam

Medical Authorization & Health History Form (“Health Form”)

*Must be received at least **10 days** prior to start of program.*

This form will be retained in the Overnight Camp Medical Director’s Office and will be available to program staff in case of an emergency.

PERSONAL INFORMATION

Participant Name (First MI Last): _____ Date of Birth: _____

Gender: Male Female Status: Commuter Resident Program Attending: _____

Home Address: _____

Participant Resides with: Both parents Mother Father Other: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Preferred Phone: _____ Alternate Phone: _____

Parent/Guardian 2 Name: _____ Preferred Phone: _____ Alternate Phone: _____

Parent/Guardian Email: _____

EMERGENCY CONTACT (Other than Parent/Guardian – Must live at address other than participant’s home address)

Contact Name: _____ Relationship: _____ 10-digit Phone: _____

HEALTH CARE PROVIDER INFORMATION

Primary Doctor Name: _____ 10-digit Phone: _____

Address (Street, City, ST/Province, Zip/Postal): _____

INSURANCE INFORMATION

 (Please provide specific insurance information. This information is required by hospital when treating patients.)

Insurance Company Name: _____ ID Number: _____

Subscriber’s Name: _____ Relationship to Participant: _____

Group Number: _____ **Please attach a copy of family prescriptions/insurance card if applicable.**

MEDICAL HISTORY

Any serious or ongoing medical problems (i.e. diabetes, ulcers, asthma, seizures, etc.)? No Yes (if yes, describe below)

RESTRICTIONS/ALLERGIES

Any current restrictions on activity or *diet? No Yes (if yes, please list below - *if you have concerns or questions, email cym@potsdam.edu)

Allergies to:

<u>Food</u>	<u>Medications</u>	<u>Other</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____ DOB: _____ Instrument: _____

HEALTH CARE PROVIDER'S ORDERS (For Prescription Medications and Non-Prescription Medications Not Provided by SUNY Potsdam)

Is the participant on medication.? Medication	No	Yes (if yes, please list below) Dosage & Frequency	Diagnosis/Condition Treated

MEDICATION POLICY: All medications must come in separate **original labeled containers** and prescription medications must be written in the name of the participant. ALL medications MUST be turned in to program medical staff at check-in.

ACCESS TO OVER-THE-COUNTER MEDICATIONS

The following over-the counter medications are available at SUNY Potsdam. Health Care Provider must circle yes or no and indicate dosage and frequency

MEDICATION	HCP ORDER	DOSAGE & FREQUENCY
Tylenol	Yes No	
Pepto-Bismol	Yes No	
Benadryl	Yes No	
Midol	Yes No	
Ibuprofen	Yes No	
Cough Drops	Yes No	

Health Care Provider's Signature: _____ Date: _____

License Number: _____ Telephone Number: _____

AUTHORIZATION TO CARRY EPI PEN/RESCUE INHALER

CONDITION	MEDICATION (CIRCLE ONE)	HCP'S SIGNATURE	PARENT/GUARDIAN SIGNATURE
	EPI PEN / RESCUE INHALER: (Name)		
	EPI PEN / RESCUE INHALER: (Name)		

IMMUNIZATIONS (New York State requires the following immunizations. Please specify the most recent date of immunization for each.)

Diphtheria: _____ Tetanus: _____ Polio: _____ Measles: _____ Haemophilus Influenza Type B: _____

Mumps: _____ Rubella: _____ Hepatitis B: _____ Varicella (chicken pox): _____ Meningococcus: _____

If the participant has not received all immunizations, please explain the reason: _____

NOTE: If not immunized for Meningococcus, my signature below certifies that I have read and understand the information on the website at <http://www.potsdam.edu/academics/grace/earlycollege/youthenrichment> and vaccination is declined at this time.

SUN SCREEN

I Do Do Not grant permission for my child to self-apply sunscreen. I understand that sunscreen will only be used to prevent overexposure to the sun and only sunscreen approved by the FDA for over the counter use will be permitted.

If my child is unable to apply the sunscreen themselves, I Do Do Not grant permission for the camp staff to assist in the application of sunscreen.

Reminder: Sunscreen is considered a drug and shall be checked and logged by the camp as such in accordance with the policies/procedures set forth in the Safety Plan.

AUTHORIZATIONS

PARENT'S ACKNOWLEDGEMENT: I certify that all the answers I have given on this Medical Record form are complete and accurate to the best of my knowledge. I give permission for my child to receive the medication(s) as prescribed above by our licensed health care provider from, and supervised by, SUNY Potsdam Camp Medical Staff.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENTS & HOLD HARMLESS

Participant Name ("Participant" or "Child"): _____ CYM Inst: _____

In consideration for allowing my Child to participate in a summer youth enrichment program at SUNY Potsdam, I agree as follows:

1. Supervision. I understand that the level of supervision will be consistent with that required by the Department of Health of all Children's Camps in New York State as outlined in the brochure found at https://www.health.ny.gov/publications/3601.pdf.

2. Risk Acknowledgment. I am aware of the risks and dangers involved in my Child's participation in the Program, including, but not limited to, injury or harm associated with the following activities: travel to and from the program, residing in campus housing, level of adult supervision, eating at dining facilities, using athletic facilities, receiving classroom and/or private music instruction, and going on field trips. I hereby acknowledge that such activities carry risks, including, but not limited to, physical injury and/or illness, up to and including death, and lost, stolen, or damaged personal property. I hereby acknowledge and understand the inherent risks and dangers associated with the Program and assume all risks of damages or injury, including death, that my Child may sustain while participating in or as a result of, or in any way growing out of, this Program. I hereby represent that my Child is physically fit and in a condition that will allow him or her to participate fully and safely in the Program. I understand that SUNY Potsdam has not made, nor will make, any investigation into Participant's physical fitness or ability to participate in the Program and that SUNY Potsdam relies on my statement of Participant's physical condition.

3. Health Insurance. I understand that SUNY Potsdam does not provide any accident or medical insurance and that I am required to provide it for my Child, and do so under the policy listed on the Health Form. I agree that I am financially responsible for any and all medical expenses associated with my Child's participation in this program. NOTE: Your Child will not be allowed to participate in the Program unless your medical insurance provider and policy number are provided on the Health Form.

4. Consent to Treatment. In the event of any emergency or accidental illness or injury requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my Child. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I understand that the information contained in the Health Form may be shared with SUNY Potsdam personnel and other health care professionals for the purpose of treatment.

5. Medications. I understand that all medications, including over-the-counter medications such as sunscreen, are to be provided by me in their properly labeled original container from the pharmacy. Only medications indicated on the Health Form will be provided by SUNY Potsdam. I understand that medications will be stored in the Overnight Camp Infirmary at SUNY Potsdam and hereby grant permission for such medications to be provided to my Child in accordance with the instructions contained on the Health Form.

6. Hold Harmless. I agree, on behalf of myself, my Child, and our assigns, executors, and heirs, to indemnify, and hold harmless, the State of New York, the State University of New York, their trustees, officers, directors, agents, employees, instructors, and associates from any and all claims, actions, suits, procedures, losses, expenses, damages, and liabilities, including attorneys' fees, of any nature arising out of or in any way related to my Child's participation in this Program.

7. Dorm Room. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it and is responsible for any damage to the room or its contents. I agree to pay for any damages or loss of key to my Child's room. Furthermore, I agree that SUNY Potsdam is not responsible for personal belongings that are lost or stolen.

8. Certification. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

Parent/Guardian Signature _____ Date _____

Office Use Only
HH1: _____ HH2: _____ HH3: _____ Medications: (amt) _____ Allergies: _____
Reviewed by: _____ Ins: _____ Emerg Ct: _____ Date Received: _____

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become infected, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen or have sickle cell disease
- Being treated with the medication Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to fifteen percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss

- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your healthcare provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age, and the second dose (booster) at 16 years.
 - It is very important that teens receive the booster dose at age 16 years in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Teens and young adults can also be vaccinated against the “B” strain, also known as MenB vaccine. Talk to your healthcare provider about whether they recommend vaccine against the “B” strain.
- Others who should receive meningococcal vaccines include:
 - Infants, children and adults with certain medical conditions
 - People exposed during an outbreak
 - Travelers to the “meningitis belt” of sub-Saharan Africa
 - Military recruits
- Please speak with your healthcare provider if you may be at increased risk.

Who should not be vaccinated?

Some people should not get meningococcal vaccine or they should wait.

- Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine.
- Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they are better. People with a mild illness can usually get the vaccine.

What are the meningococcal vaccine requirements for school attendance?

- For grades 7 through 9 in school year 2018-19: one dose of MenACWY vaccine. With each new school year, this requirement will move up a grade until students in grades 7 through 11 will all be required to have one dose of MenACWY vaccine to attend school.
 - 2019-20: grades 7, 8, 9, and 10
 - 2020-21 and later years: grades 7, 8, 9, 10, and 11
- For grade 12: two doses of MenACWY vaccine
 - The second dose needs to be given on or after the 16th birthday.
 - Teens who received their first dose on or after their 16th birthday do not need another dose.

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have.

If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16th birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Check one box and sign below.

- I have received and reviewed the information regarding meningococcal meningitis. My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

OR

I have received and reviewed the information regarding meningococcal meningitis. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages.

- I have decided that **my child**, who is **younger than 11 years of age**, will **not** obtain immunization against meningococcal disease at this time; or
- I have decided that **my child**, who is **11 years of age or older**, will **not** obtain immunization against meningococcal disease at this time.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail Address: _____

Crane Youth Music, June 30 – July 13, 2019

Conduct Code & Talent Release

Participant Name: _____ Gender: M ___ F ___ DOB: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

SUNY Potsdam is a diverse community celebrating individual differences and intolerance of any kind is unacceptable. Participants are expected to respect the rights of others and to follow directions of staff members; therefore, I agree to:

- A. Participate to the best of my ability in all facets of the program and attend scheduled activities promptly.
- B. Respect the property and individual rights of others. The campus is not responsible for stolen or lost items. Repair or replacement of any SUNY Potsdam property damaged or destroyed will be billed to the participant(s) responsible.
- C. Abide by the program rules shared during orientation, including the following:

PROHIBITED ACTIVITIES

The following actions are prohibited during any part of the Program (both on and off campus):

- Possession of any drug or medication (over-the-counter or prescription, including sunscreen) without permission of Director
- Leaving campus without accompaniment by, or permission from, Program Staff
- Possession, use, distribution, or being in the presence of alcoholic beverages, illegal drugs, tobacco or weapons
- Withholding or failure to report information related to any illness, injury, and accidents
- Pets will not be allowed on campus
- Use of a vehicle on campus, unless authorized by the Director
- Possession of a cell phone or chewing gum while in the Crane Complex, including during concerts, classes and rehearsals

RESIDENCE HALL POLICIES

- Visitors will not be allowed into the residence halls, unless authorized by the CYM Residence Director or Assistant Directors
- Curfew is at 10 p.m. every night unless otherwise instructed by Program Staff
- All regulations put forth by staff regarding fire alarms will be followed, to include not tampering with fire safety equipment
- Participants are to stay in their designated residential area (girls are not allowed in boys' area and vice versa)
- Activities within the halls will be kept at a respectful noise level
- Participants and parents may be held financially responsible for any damage to or loss of School property caused by participants
- All regulations determined by the CYM Residence Director should be followed

Violations of the Code of Conduct may warrant a phone call to parent(s)/guardian(s). In the case of a major offense or repeated minor offenses, the student may be dismissed from the program. In that event, the participant's parent or guardian will be notified by phone and will be required to immediately transport the student home. In the event of dismissal, I understand that no refunds for any costs associated with the program will be made.

Parental permission for field trips as part of the program is given and no further notice or consent will be necessary.

Due to the highly interactive nature of Crane Youth Music we often try to document the fun with photographs and videotaping.

- I give Crane Youth Music and SUNY Potsdam permission to use any photographs, concert recordings or comments in future promotional, archival and educational materials.
- I do not give Crane Youth Music and SUNY Potsdam permission to use any photographs for future promotional materials.

We have read the above policies and agree to abide by them.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Crane Youth Music, June 30 – July 13, 2019 Participant Check-Out Authorization

Participant Name: _____ Gender: M ___ F ___ DOB: _____

Housing Status: Commuter Resident

Participants may not be released from camp without written consent. Please complete the check-out options below for your child and sign the box at the bottom of this sheet.

Check-Out List of Authorized Adults

Please list any individual who would possibly be picking up your child, **including yourself**, at any point while program is in session. **Each authorized person must be at least eighteen years of age.** The above named participant will not be permitted to leave program with anyone who is not listed below. **All authorized individuals will be required to show identification to camp staff when picking up a participant.**

*** This section is required for ALL participants!** I authorize the following responsible adults to pick up my child from CYM activities at SUNY Potsdam:

1. _____	_____	_____
Parent/Guardian Name	Phone Number	Relationship to Participant
2. _____	_____	_____
Parent/Guardian Name	Phone Number	Relationship to Participant
3. _____	_____	_____
Name	Phone Number	Relationship to Participant
4. _____	_____	_____
Name	Phone Number	Relationship to Participant
5. _____	_____	_____
Name	Phone Number	Relationship to Participant

Self-Check-Out Option (For participants 14+ years of age as of June 1, 2019 only!)

My child/dependent has my permission to self-check-out (Please write "Yes" or "No")

I understand that I am required to escort my child through the check-in process on the first day and remain with him/her until the All Participant Meeting. I understand that self-check-out is not an option in case of emergency and during daily activities.

Residential: I do not plan to accompany my child at check-out. I give him/her my permission to leave alone after checking-out with his/her counselor on the final day once the last planned activity has concluded. I understand my child does not have permission to leave camp mid-week for any reason. This only authorizes him/her to check-out independently at the conclusion of the program.

Commuter: After initial day-one check-in, I will not be escorting my child to or from campus.

In signing this form, I certify the information provided is true and accurate. I also acknowledge that the activity my child is participating in is occurring on a public college campus where numerous activities unrelated to CYM occur daily. I agree that at the time of check-out SUNY Potsdam will no longer have responsibility for my child. I also recognize my child should leave campus premises immediately following the conclusion of the activity in which he/she is enrolled.

Parent/Guardian Signature

Date

