

# SNER Activity Form

Event: SNER Encampment 2016    Div: 1    Unit: \_\_\_\_\_

## A. Young Marine Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_

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## B. Parent/Guardian Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

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## C. Photo/Video/ Film Release

\_\_\_\_ I give my consent to authorize the Young Marines National Headquarters or any entity or person designated by them use and reproduction of any and all photographs, video or film taken of the person named above during the program training activities and related activities. I understand there will be no compensation to me. All negatives and positives with said prints, video or film are the property of the Young Marines National Headquarters or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during my visit. I affirmatively release and or otherwise, of photos video, or film taken of me during this event.

\_\_\_\_ I do not give my consent.

X \_\_\_\_\_  
Signature of attendee

X \_\_\_\_\_  
Signature of Parent/Guardian

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## D. Permission of attendance

\_\_\_\_\_ has my permission to attend SNER Encampment 2016.

Young Marine's name

Event

Location: Camp Niantic, Niantic CT

Dates of event: August 11-14, 2016

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

# SNER Medication Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Unit Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Number \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

**Permission to Dispense Prescription Medication (If not completed, Young Marines will not receive medication)**

I request and authorize that my child, \_\_\_\_\_, be administered the Prescription medication listed below per the medical doctor's instructions on the original and un-expired pharmacy label. I certify that my child has a valid health reason for taking the medication during the Young Marine Activities.

This permission is valid from (beginning date) 8/11/2016 to (ending date) 8/14/2016.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART IV: Medication Administration Record**

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_ Form of Medication:  
\_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other Dosage \_\_\_\_\_ Time  
\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_ Form of Medication:  
\_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other Dosage \_\_\_\_\_ Time  
\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_ Form of Medication:  
\_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other Dosage \_\_\_\_\_ Time  
\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_ Form of Medication:  
\_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other Dosage \_\_\_\_\_ Time  
\_\_\_\_\_

Medication Name \_\_\_\_\_ Strength \_\_\_\_\_ Form of Medication:  
\_\_\_ Liquid \_\_\_ Tablet \_\_\_ Aerosol \_\_\_ Ointment \_\_\_ Other Dosage \_\_\_\_\_ Time  
\_\_\_\_\_

# SNER Medical Information Form

Last Name _____	First Name _____	Middle Initial _____
Age _____	Date of Birth ____/____/____	Unit Name _____
Parent/Guardian Name _____		Home Number _____
(____) _____	Work Number (____) _____	Physician's Name _____
_____		Date of Last Visit _____
_____		Dentist's Name _____
Date of Last Visit _____		

**Emergency Contact Information (other than parent/guardian)** *In the event I cannot be reached during an emergency please contact the following person:*

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_

<b>The Subject Young Marine:</b>	*Yes	No	Remarks ("Yes" require remark)
Wears Eye Glasses /Contact Lenses			
Is on a restricted diet			
Wears a hearing aid			
Visited the Dentist in the last 6 months			
Has known health problems (knee problems, migraines, etc.)			
Is under a doctor's care			
Is on prescription medication			
*Has Allergies Food//Medication//Environmental (pollen, bee stings)			
Has heart murmur Suffered Rheumatic Fever Had a family member under age 50 die of a heart problem			
Suffers one or more of the following conditions: Seizures, Diabetes, Asthma, Arthritis			
Has had a history of head injury			
Has been hospitalized or had surgery and dates			
Had injuries (no matter how minor) in the past year. (Sprains, broken bones, ingrown toenails, stitches)			
Date of last Tetanus Shot			

**Medical Consent**

I certify that I am the parent, legal guardian or other person in legal control of the above identified child and request that my child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

X Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Use Over-the-Counter Medication** *(if not completed the Young Marine will not receive medication)*

My child, \_\_\_\_\_, has my permission to take any over-the-counter medication in accordance with label instructions as needed with the exception of: \_\_\_\_\_ while attending SNER Activities.

X Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_