

2017 ALS Application

**Deadline: Saturday, April 15, 2017**

First Name: \_\_\_ Last Name: Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date (m/d/y): Gender (circle one): male female Grade Entering (Fall 2017): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Entering (if different from current school):

School Type (circle one): Public Private Other County you live in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Origin:**

|  |  |  |  |
| --- | --- | --- | --- |
| American Indian or Alaska Native  | Asian  | Black/African American | Hispanic/Latino |
| Hawaiian/Pacific Islander | White | Two or more races |  |

**Contact Information**

|  |  |
| --- | --- |
| Parent Email | Delegate Email |
| Delegate Cell Phone |
| Home Address |
| City  | State | Zip Code |  |
| Parent/Guardian Name | Parent/Guardian Name |
| Home phone | Home phone |
| Cell phone | Cell phone |
| Work phone | Work phone |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **T-Shirt Size**:  | Youth M  | Youth L  | Adult S | Adult M |  Adult L | Adult XL | Adult XXL | Other |

**Please circle any special information that we should be aware of including special needs (i.e., medical issues, allergies and/or social/physical conditions that require special attention). You will be asked to provide more information on the medical forms:**

|  |  |  |  |
| --- | --- | --- | --- |
| Medication | Medical condition | Life-threatening allergy | Allergy  |
| Asthma  | Special needs | Dietary restrictions | Other  |

|  |  |  |
| --- | --- | --- |
| Have you previously attended an MLW program?  | Yes No | If yes, which ones? |
| How did you hear about MLW?  | School  | MASC/Student Government | Newspaper/camp guides | Internet |
|  | Friends  | Leadership Maryland | Former Delegates and/or Staff | other  |

I have asked, or will ask the following person to complete the attached **MLW Recommendation Form** for me

First name: Last name:

Relationship/Title: Phone: email:

**Interview Availability**

Part of your application is a phone interview. On the lines next to the days of the week, please list the hours that you are typically available for a 15 to 20-minute interview each day. Weekday interviews can take place in the evenings and weekend interviews can happen during the day. Please list the window of time that you are typically available.

|  |  |  |  |
| --- | --- | --- | --- |
| Monday |  | Saturday |  |
| Tuesday |  | Sunday |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Complete the following section only if you are being sponsored by (meaning your tuition is being partially or fully paid for by) your school or other organization.**

|  |  |
| --- | --- |
| Name of sponsoring organization:  | Amount of sponsorship:  |
| Contact Name: | Email: | Phone: |

**PLEASE CONTINUE TO NEXT PAGE**



2017 ALS Application

**Leadership Questionnaire**

Please answer the following questions on a separate sheet of paper in complete sentences. You may either type or write neatly in blue or black ink. Please put your full name at the top of each page. Applicant answers are usually about a half-page to full page in length, but please feel free to use as much space as you would like.

The answers to these questions are a factor used in the process to determine whether you are accepted to ALS. If you are accepted, the staff will use your answers to design a program to meet your needs.

**Delegate First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Why do you want to attend ALS?
2. Using your own words, how would you best define or describe “leadership”? Think about characteristics, skills, qualities, and/or behaviors leaders possess in creating your definition/description.
3. Using your definition/description of leadership from question 2, tell us about one instance in which you demonstrated leadership. Describe the skills and qualities you used, the challenges you faced, and how you overcame those challenges.
4. Imagine that you were the leader of a committee that was put in charge of fixing a serious issue facing high school students in Maryland. What serious issue would you choose? Why would you choose this issue? What specifically could your committee do to help?
5. Describe yourself. What are your interests and/or talents? What types of activities are you involved with? What do you like to do in your spare time?
6. ALS is a learning experience designed to help you grow. What aspect of your leadership potential would you like to work on while at ALS? What skills would you like to develop or polish while here at ALS?
7. What is one piece of advice that you have for the 2015 ALS staff as we design our program? Consider what topics or activities you would like us to include, how you’d like us to schedule the days, things you want us to keep the same as other MLW programs and things you’d like to change from other MLW programs.
8. Please list the years that you have previously attended MLW, the program and group that you were in for those years, the main idea of your group’s project, and the major concepts or skills that you took out of each year.



2017 ALS Application

**Recommendation Form**

Also available online at

<https://goo.gl/forms/SbFIW0LsrO9MTrjK2>

**To the Applicant:** Please give this form to be completed by someone who can write about your leadership potential. Be sure to complete your information before giving the form to your recommender. It is also a good idea to provide a self-addressed, stamped envelope.

**To the Recommender:** Please answer the questions below based on your interaction with the applicant. If accepted, this student will spend a week with student leaders from the Mid-Atlantic region, developing his/her leadership skills, implementing a project, and setting goals for action at home. For more information, visit www.mlw.org.

**To be completed by Applicant:**

Delegate (Student) Name: Grade entering in Fall 2017:

Recommender Name:

**To be completed by Recommender:**

Recommender Address:

City/State/Zip:

Phone: Email address:

Relationship to Student:

Length of Time You Have Known Student:

Please rate applicant in the following areas using a scale from 1-5

(1=not at all strong in this area, 2=low in this area, 3=average in this area, 4=good in this area, 5=very strong in this area)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ability to work with others | 1 | 2 | 3 | 4 | 5 |
| Self-awareness  | 1 | 2 | 3 | 4 | 5 |
| Communication skills | 1 | 2 | 3 | 4 | 5 |
| Ability to give and receive feedback | 1 | 2 | 3 | 4 | 5 |
| Ability to empower and motivate others  | 1 | 2 | 3 | 4 | 5 |

(next, please)

Please respond to the following questions in order to give us additional insight on the applicant. If you would prefer, you may use an additional sheet of paper to record your answers.

1. What are the applicant’s strengths and weaknesses?

1. How does the applicant demonstrate leadership potential?

1. How would the MLW community be enriched by the applicant’s participation?

1. Other comments:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Please return this form directly to: MLW, c/o Leadership MD, 134 Holiday Ct. Suite 318, Annapolis, MD 21401

or

Fax: 410-841-2104; pdf to applymlw@leadershipmd.org

**Required Signatures**

**Parent/Guardian** - Please review this form with your child, have both of you sign. By signing and submitting, you are agreeing to the terms described herein. Please keep this copy for your files.

**Attendance and Refund Policies**

The following refund schedule applies for delegates who cancel their registration.

* Cancellations before May 1st will receive a $500 refund.
* Cancellations between May 1st and June 1st, will receive a $300 refund.
* Cancellations after June 1st cannot be refunded.
* Refunds will be issued by September 30th.

All necessary items for a complete application, including signed medical forms, must be received prior to May 15th. A reserved space in the program may be forfeited in order to make room for the delegates who are on the waiting list if material is not received by the deadline.

Students participating in MLW’s summer programs must participate in the entire week-long residential experience. Students will not be permitted to arrive at the program late or depart early. Unfortunately, refunds cannot be made to students who, for unexpected health or other reasons, must leave the program early. MLW reserves the right to expel without refund any student who violates MLW’s Rules and Expectations, violates Maryland State law, or for other cause.

**Permission to Apply and Attend**

I hereby grant permission for my child to apply to and participate in this program. I accept and assume any and all risks associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the camp if he/she is not healthy. I understand that my child must abide by program policies and the instructions of program staff. I permit my child and his/her image to be involved in activities and media events that are designed to promote the benefits of Maryland Leadership Workshops, Inc., including but not limited to photographs, videotapes, posting images on the MLW website, Facebook page, Twitter, Instagram and other social media, newsletters and press releases. Additionally, I hereby grant permission for MLW to share the school name and email address of my child with other participants in MLW programs, local school system personnel, Leadership Maryland, and local community leadership associations. Knowing these facts, I, for myself, my child at tending the program, and anyone else who might claim on my or my child’s behalf, hereby agree that MLW is not responsible for lost or stolen items, accidents, injuries, and/or medical or dental expenses arising from my child’s participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge MLW and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child’s participation in the program. I have carefully read all of the information in this application form and agree to all conditions.

**Expectations of Delegate**

**RESPECT**

MLW fosters and environment of diversity and inclusion. Respect for one another is of primary importance in order for all delegates and staff members to learn and grow throughout the week. Treat others with respectful behavior so that you may expect the same in return. This includes:

* Respect requests made by MLW staff members and campus employees.
* Avoid the use of profanity/obscene language.
* Respect the privacy of MLW participants and other groups who may be using the campus.
* Avoid touching of other people and their belongings (this includes fights and theft).
* Respect all ideas and beliefs and avoid the use of derogatory comments towards others.

**ATTENDANCE**

It is expected that you will attend all scheduled activities. We have many fun and challenging activities for you and expect that you will be a part of each one.

Eating three balanced meals a day, drinking plenty of liquids, and getting enough sleep will ensure that attending all activities will be no problem.

In case of an emergency or any circumstance preventing participation in activities, notify a staff member immediately!

**Rules and Procedures to Follow for a SAFE and FUN week**

**IN AND AROUND DORMITORIES**

There will be no guys on girls’ halls and no girls on guys’ halls unless approved in advance for an official activity. This includes stairwells that lead from such halls, which are labeled “off limits.” Common areas are open to all delegates.

No outside visitors are permitted at anytime during the week without prior permission from the program director.

In the event of a fire, pull the fire alarm and exit the building quickly, knocking on the doors that you pass. Check in with your assigned staff member at the designated meeting location.

In the event of another type of emergency, contact the staff member who is on Dorm Duty. His/her name will be

posted on your hall each day.

Do not prop open outside doors at anytime.

**CHECK-IN AND LIGHTS OUT**

Check-in will occur every night at the time indicated in the guidebook you receive at registration. You must check in with a staff member from your hall by the stated time. We will give you time to get ready for bed, and we will usually schedule a hall meeting after check-in.

Lights must be TURNED OFF at the time designated in your guidebook. Although you may be accustomed to staying up a bit later, remember that this week is very active and demands your full energy every day. You will need your sleep to fully participate in all activities.

**AROUND THE CAMPUS**

At registration, you will receive an MLW button with your name on it. This button must be worn at all times unless, of course, you are in the shower or sleeping. You must also wear shoes at all times except when showering and sleeping (although you may want to wear shower shoes).

You may NOT leave campus at any time or for any reason. If you are uncertain of campus boundaries, ask a staff member. Commercial properties located near the campus are not part of the campus. If you have forgotten a necessity item, give the office staff money and a written description of the item, and they will secure it for you.

If you are driving yourself to the program, please inform the MLW Executive Director Anita Anderson at anita@mlw.org so that parking and other arrangements can be made for you.

Do NOT walk alone anywhere — always take a buddy with you.

**TOBACCO, ALCOHOL, AND OTHER DRUGS**

The possession and/or use of drugs, alcohol, and tobacco is absolutely forbidden at all times during the week. No over the counter or prescription medication is allowed in dorm rooms. All medication is to be turned in to the health consultant at

registration and will be available by coming to the MLW onsite office. Only delegates with forms signed by a health practitioner will be allowed to take over the counter or prescription medication.

**INAPPROPRIATE BEHAVIOR AND CONSEQUENCES**

These expectations are intended to allow all delegates and staff members to have a safe and successful week. Any behavior described in this document or at the discretion of a staff member that threatens or jeopardizes the safety of other persons or their enjoyment of the program will not be tolerated. The MLW directors and staff may take any of the following actions as a consequence for delegates who do not meet the expectations outlined above:

* A conference with the delegate and a staff member.
* A conference with the delegate and a program director.
* A phone call home informing a parent/guardian of the incident.
* A delegate-written letter of apology to the offended party.
* The withholding of participation in social activities.
* Removal from the program (a parent/guardian will be requested to pick up the student).

**My child and I have read and understand the policies, expectations, and rules stated above and acknowledge that violation of any of these rules may result in dismissal.**

Delegate First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian First and Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION INFORMATION AND PROCEDURES**

**To ensure the safety and well-being of all our delegates and to maintain our certification as a Youth Camp with the State of Maryland Department of Health and Mental Hygiene (DHMH), all applicants must complete all the medical information requested in this application, including obtaining a licensed health care provider signature where necessary. REQUIRED MEDICAL INFORMATION INCLUDES:**

* Contact Information and Parental Release and Acknowledgement
* Health History
* Prescription and Over the Counter Medication order (health care provider’s signature)
* Insurance Information (photocopy of card, front and back)

Please note that in case of an emergency, these Medical Forms are used to provide information to the hospital. Therefore, please fill them out completely and legibly to ensure the safety and well-being of the delegate. Be sure to include a photocopy of the health insurance card (front and back).

**MLW HEALTH PROCEDURES**

Delegate medical forms are reviewed by a licensed health consultant prior to the start of the program. If any of your health information should change between now and the beginning of the program (for example, you get a new prescription that is not included in this form or you have a change in your health status), please let us know as soon as possible so our health consultant can be notified and is able to review the information in a timely manner.

The health consultant is on-site as delegates register. All prescription and non-prescription medication brought to the program must be turned in to the health consultant – IN THEIR ORIGINAL CONTAINERS WITH THE PRESCRIPTION LABEL STILL ATTACHED - along with the appropriate forms and signatures. See below for more information.

MLW does not have a nurseon siteduring the course of the week but the health consultant is on call. Many of our staff are certified and trained in CPR and First Aid. If a delegate experiences any significant health difficulties during the program:

* his/her parent/guardian will be immediately notified;
* the health consultant will be called;
* the delegate may be taken to the Kent & Queen Anne's Hospital (located next to campus);
* campus security (which is AED and CPR trained) may be called;
* and/or 911 may be called.

**MEDICATION**

Delegates must turn in ALL medication (prescription AND over the counter) to the Health Consultant at registration. Per the State of Maryland Department of Health and Mental Hygiene Youth Camp regulations, MLW office staff keeps medication locked in the office. The exceptions to this are epi-pens and inhalers.

All medications must arrive in their **original containers.** For prescriptions, this means as prepared by pharmacy complete with **pharmacy prepared labels that are consistent with the prescriber’s order** (i.e.,the medication must match the prescription order attached). Over the counter medicine should be in its original container.

**IF YOUR CHILD TAKES MEDICATION ON A REGULAR BASIS**

Delegates come to the office at designated times to self-administer medication under the supervision and observation of MLW staff. Delegates are only permitted to take medication (prescription or over the counter) for which there is a health care provider’s signature. Please be sure to provide one Medication Administraton Authorization Form for each prescription and non-prescription medication (including vitamins and supplements) that you will be sending with the delegate, and obtain the necessary signatures on each form.

**MLW MEDICAL FORM – Contact and Insurance Information**

If part of the application does not apply to you, please indicate that by putting a N/A (not applicable) in the appropriate section rather than leaving it blank. If you would like to include more information, please attach additional pages. Please write legibly.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | ALS | MSEL | SHW | Journey | Delegate Name: |

 Birth date: \_\_\_/\_\_\_/\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name |  | Parent Name |  |
| Phone #1 |  | Phone #1 |  |
| Phone #2 |  | Phone #2 |  |

**EMERGENCY CONTACT**: If the family is not available, please indicate two alternative people to contact.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Relation to delegate |  | Relation to delegate |  |
| Phone #1  |  | Phone #1 |  |
| Phone #2 |  | Phone #2 |  |

**HEALTH CARE PROVIDER CONTACT:**

Name of delegate’s **physician** Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family **dentist/orthodontist** \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of any **specialist** delegate (eg. Endocrinologist, Orthopedist) if used \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL RELEASE** **AND ACKNOWLEDGMENT**:

I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter, and also permit such procedures to be carried out at, and by, local hospital(s) in the event that my son/daughter is taken there for emergency care. I agree to the release of any records necessary for insurance purposes. I grant permission to Maryland Leadership Workshops, Inc. to arrange any related transportation necessary to care for my child. I understand that any medical expenses will be directly billed to my insurance company or me. **I certify that all medical and health history information provided is complete and accurate to the best of my knowledge. I hereby release and hold harmless Maryland Leadership Workshops, Inc. and its agents, servants, contractors and employees from any and all liability that may result from medical care of my son/daughter. I further certify, that unless indicated on the Delegate Medication Form, my son/daughter is capable of self administering any below-mentioned medication(s) and I assume all responsibility and liability stemming from my decision to have my child self-administer medication(s).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature Printed Name Date

**MLW MEDICAL FORM – Delegate Health History**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program:** | ALS | MSEL | SHW | Journey | Delegate Name: |

**The following information is required for a delegate/camper to be admitted to a residential camp:**

**HEALTH INFORMATION:** Provide information on any medical conditions, psychological conditions, behavioral conditions,

medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child’s camp

 is a positive experience (please attach additional pages, if necessary) **or indicate N/A**:

|  |
| --- |
|  |
|  |
|  |

**ALLERGIES** List all known allergies and describe reaction and management of the reaction **or indicate N/A**.

Medication allergies

|  |
| --- |
|  |
|  |
|  |

Food allergies & other allergies

|  |
| --- |
|  |
|  |
|  |

**DIETARY RESTRICTIONS OR OTHER NEEDS** Please let us know if you will need accommodations during the week

|  |
| --- |
|  |
|  |
|  |

**IMMUNIZATION INFORMATION**

|  |  |  |
| --- | --- | --- |
| **For delegates who reside within the United States, a United States Territory, or the District of Columbia:** | ←OR→ | **For delegates who reside OUTSIDE** **the United States, a United States Territory, or the District of Columbia:** |
| 1. State/territory where child resides: |  | 1. Country in which child resides: |
| 2. Is child exempt from any immunizations? |  | 2. Attach Department form DHMH-896 (record of vaccination or immunity) |
| [ ]NO |  |  |
| [ ]YES, List them: |  |  |

**MLW MEDICAL FORM – Insurance Information**

Is the delegate covered by medical/hospital insurance? YES or NO (circle one)

**If YES** –

**Please complete the information below and submit a photocopy of the front and back of health insurance card.**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If NO** –

**Please read and sign below.**

There is no medical insurance in effect to cover my above-named son/daughter for any illnesses, injuries, or other adverse health outcomes that he/she may experience. I, therefore, hereby agree to assume direct and complete financial responsibility for any and all medical care of any kind that my above-mentioned son/daughter receives while attending Maryland Leadership Workshops, Inc.’s 2015 summer residential leadership programs.

Further, I hereby agree to reimburse Maryland Leadership Workshops, Inc. for any and all costs, medical expenses, and other sums that Maryland Leadership Workshops, Inc. advances that relate to the medical treatment of my son/daughter while he/she is attending Maryland Leadership Workshops, Inc.’s 2015 summer programs.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Printed Name Date

**PLEASE CONTINUE TO NEXT PAGE**

**MLW MEDICAL FORM – Medication Administration Authorization**

***THIS FORM IS DUE BY MAY 15. YOU MAY SUBMIT THIS SEPARATELY FROM THE REST OF THE APPLICATION.***

**You must complete one form for EACH medication – prescription or over-the-counter. Please make copies as needed.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program:** | ALS | Bridge | MSEL | SHW | Journey | Delegate Name: |
| **This form must be completed fully in order for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.** **Prescription medication must be in a container labeled by the pharmacist or prescriber, (including inhalers).** **Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.** **An adult must bring the medication to the camp and give the medication to MLW’s contracted nurse.** |
| YOUTH CAMP NAME/ADDRESS: Maryland Leadership Workshops, 134 Holiday Court, Suite 318, Annapolis, MD 21401 |
|  **PRESCRIBER’S AUTHORIZATION** |
| CHILD’S NAME | DATE OF BIRTH |
| CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED: | EMERGENCY MEDICATION? [ ] YES [ ] NO |
| MEDICATION NAME | DOSE | ROUTE |
| TIME/FREQUENCY OF ADMINISTRATION | IF PRN, FREQUENCY |
| IF PRN, FOR WHAT SYMPTOMS |
| KNOWN SIDE EFFECTS SPECIFIC TO CHILD |
| MEDICATION SHALL BE ADMINISTERED:*(NOT TO EXCEED 1 YEAR)* | FROM | TO |
| PRESCRIBER’S NAME/TITLE | This space may be used for the Prescriber’s Address Stamp |
| TELEPHONE | FAX |
| ADDRESS |
| CITY, STATE, ZIP |  |
| **PRESCRIBER’S SIGNATURE** ***(Parent cannot sign here)****(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)* | DATE |
| **AUTHORIZATION FOR SELF ADMINISTRATION AND (IF NEEDED) SELF CARRY** |
| I consent that the child named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. **The child named above may self-carry emergency medication ONLY if indicated below. Otherwise, MLW staff will keep medication under lock and key.** |
| **PRESCRIBER’S SIGNATURE** | SELF CARRY EMERGENCY MEDICATION? (Circle One) YES NO Not emergency medication | DATE |
| PARENT/GUARDIAN SIGNATURE | DATE |
| HOME PHONE # | CELL PHONE # | WORK PHONE # |
|  **PARENT/GUARDIAN Authorization****AUTHORIZATION** |
| I request the authorized youth camp operator/staff to supervise the camper in self-administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. |
| PARENT/GUARDIAN’S SIGNATURE | SELF CARRY EMERGENCY MEDICATION? (Circle One) YES NO Not emergency medication | DATE |

# **MLW PACKING LIST**

* Enough comfortable, weather appropriate clothing for the week. Your clothes for the week should be school-appropriate; if you wouldn’t be allowed to wear it at school, please do not bring it to MLW. MLW staff and delegates all wear casual, comfortable clothing. It’s a good idea to bring shorts, t-shirts, jeans, sneakers, and a sweatshirt, as we’ll be doing activities both inside the air conditioning and outside in the summer heat.
* There will be a variety show/showcase that delegates will plan and implement. Please bring any instruments, equipment, or anything else that will help you share your talent with the rest of the MLW community, if you like.
* Sheets for an extra-long twin bed (and/or a sleeping bag) and a blanket (the dorms are air conditioned so it can get cold)
* Pillow
* Towels – bath towel, hand towel, wash cloth
* Toiletries (don’t forget a toothbrush, toothpaste, hand soap, shower soap, and deodorant)
* Shower Shoes
* A rain jacket/umbrella
* Alarm Clock
* Pens or pencils
* Reusable water bottle
* Small backpack or drawstring bag to carry guidebook, pens, etc.
* Athletic equipment for recreation time
* Light snacks and drinks for evenings (optional – MLW will also provide).
* An outfit (shorts, tshirt, old shoes) that can get wet and dirty
* One business casual outfit