



Spring 2024

Dear Skidmore College Summer Program Participants and Parents,

This memo is to clarify available services and to stress the importance and timeliness of completing the enclosed Health Form.

It is requested that the enclosed Health Form be completely and accurately filled out and submitted to your Program Director by June 1, 2024. If you have not filled out and returned these forms completely, you will not be able to participate in this program.

Immunization information is requested for the public health and safety of the campus and the participants. Without documentation of immunity, participants may be asked to leave campus in the event of an outbreak. (As of 2/15/24, New York State Dept of Health issued a health advisory reporting measles cases in NY, New Jersey and Pennsylvania as well as other states in the country).

New York State law requires meningococcal meningitis vaccination or documentation of refusal of the vaccine, for all summer program participants. Please review the enclosed information carefully, answer all questions on the forms, and obtain all required vaccinations.

If your student is under the age of 18 while participating in a Skidmore College-sponsored program, it is our policy to secure your consent for first aid, triage, and emergency care. Whenever possible, the program will obtain specific permission from you, before referral. Therefore, parents of participants under 18 should be sure to include all possible telephone/cell numbers on the Health Form and complete the authorization at the bottom of page one.

For illness/injury that involves care beyond basic first aid, participants will be referred to nearby community resources, either Urgent Care or the Emergency Department. There are several urgent care clinics less than two miles from campus and the Saratoga Hospital Emergency Department is 1.3 miles away. Campus Safety can assist with transportation to medical care in non-emergency situations. For any type of emergency care needs, we will call an ambulance for transport.

While we are able to accompany program participants for urgent and emergency care needs, we do not have staffing to bring participants to routine medical care appointments. If your student has ongoing medical concerns that require medication, regular treatment and/or support (e.g. physical therapy, psychotherapy or medication management) please make sure you discuss their participation in this program, and time away from home, with their current provider, so that you can develop a plan ahead of time for ongoing support during the program.

Participants of Skidmore College Summer Programs

815 North Broadway  
 Saratoga Springs, NY 12863  
 Phone: (518) 586590  
 Fax: (518) 586548

PROGRAM INFORMATION

Name of Summer Program: \_\_\_\_\_

PARTICIPANT INFORMATION

Participant Name (Last, First)	Preferred Name:	DOB (MM/DD/YYYY)
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Home Address:

Street City State Zip Country

Participant cell phone #: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Address:	Address:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Home Phone:	Home Phone:
Email Address:	Email Address:

INSURANCE INFORMATION PLEASE ATTACH A COPY OF THE CARD

Name of Insurance Co.:	Policy Holder Name:
Policy #:	Group #:

PRIMARY PERSON TO CONTACT FOR INJURY/ILLNESS

Name:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other		
Best way to contact:	Cell phone:	Work phone:	Home phone:

CONSENT FOR EVALUATION/EXAMINATION OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, \_\_\_\_\_, being the parent/legal guardian of

\_\_\_\_\_ give my consent to Skidmore College to administer first aid, triage, and evaluate/treat in an emergency situation. As long as the medical treatment is considered necessary in the

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Participant Name:

Preferred Name:

DOB:

Participant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

<p>A. Measles (Rubeola): Two doses of measles or MMR vaccine. Dose #1 must be given within 4 days of first birthday or later and dose #2 at least 28 days after dose #1          2 DOSES REQUIRED</p> <p>Primary Measles      MMR vaccine</p>	<p>Dose #1: ____/____/____          MM DD YYYY</p> <p>Dose #2: ____/____/____          MM DD YYYY</p>
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<p>B. Mumps</p>	<p>Dose #1: ____/____/____          MM DD YYYY</p>
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<p>C. Rubella</p>	<p>Dose #1: ____/____/____          MM DD YYYY</p>
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<p>Serologic evidence of immunity to measles, mumps, and rubella is acceptable only when copies of laboratory reports are attached.</p>	<p>Date of Measles Immune titer: _____          (attach lab report)</p> <p>Date of Mumps Immune titer: _____          (attach lab report)</p> <p>Date of Rubella Immune titer: _____          (attach lab report)</p>
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<p>D. Tetanus (most recent booster):</p> <p>E. Men ACWY</p>	<p>Dose: ____/____/____          MM DD YYYY</p>
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ProgramName: \_\_\_\_\_

PROVIDER AUTHORIZATION FOR SELF

Program Name: \_\_\_\_\_

**PARENTS/GUARDIANS:****READ AND COMPLETE THE AUTHORIZATION FOR SELF CARRY/SELF ADMINISTRATION OF MEDICINE****BY SIGNING THE FORM BELOW, I AGREE TO THE FOLLOWING:**

## 1. I understand that:

- I must provide all of my student's medication.
- ALL prescription and 'over the counter' medicine will be the original bottle or box with a valid expiration date.
  - Prescription medicine must have the original pharmacy label on the box or bottle. The label must include:
    1. Student name
    2. Pharmacy name/phonenum
    3. Prescriber's name
    4. Date
    5. Number of refills
    6. Name of medicine
    7. Dosage
    8. When to take the medicine
    9. How to take the medicine
    10. Any other instructions.

2. I assume responsibility that my student is storing, carrying and taking their medication as ordered.

3. I must immediately inform the program about any change in my student's medicine or health provider's instructions.

4. For the purposes of providing care or treatment to my student, Skidmore College may obtain any other information they think is needed about my student's condition, medication, or treatment. The Skidmore College may obtain this information from any health care provider, nurse, or pharmacist who has given my student health services.

**FOR SELF ADMINISTRATION OF MEDICINE:**

I certify that my student has been fully trained and can take medicine independently. I consent to my student carrying, storing, and self-administering the medicine prescribed by my student's healthcare provider. I am responsible for giving my student this medicine in bottles or boxes as described above.

Participant Last Name:

Participant First Name:

DOB:

Parent Guardian Name (Print):

Parent/Guardian Signature:

Parent Guardian Address:

Parent/Guardian Email:

Parent/Guardian Telephone Number Daytime:

Cell:

Date Signed:

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ProgramName: \_\_\_\_\_

Participant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**SCREENING FOR TUBERCULOSIS REQUIRED**

Parent/Guardian: Please answer the tuberculosis screening questions below and sign where indicated. YES' answers require a physician's signature.

## Frequently Asked Questions and Answers About Meningococcal Meningitis

### What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to a serious blood infection called meningococcal septicemia. When the linings of the brain and spinal cord become infected, it is called meningococcal 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:

- x Teenagers or young adults
- x Infants younger than one (1) year of age
- x Living in crowded settings, such as college dormitories or military barracks
- x Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- x Living with a damaged spleen or no spleen or have sickle cell disease
- x Living with HIV
- x Being treated with the medication Soliris® or Ultomiris™, or those who have complement component deficiency (an inherited immune disorder)
- x Exposed during an outbreak
- x Working with meningococcal bacteria in a laboratory
- x Recently infected with an upper respiratory virus
- x Smokers

### What are the symptoms?

Symptoms appear suddenly usually three (3) to four (4) days after a person is infected. It can take up to ten (10) days to develop symptoms. Symptoms of meningococcal meningitis may include:

- x Fever
- x Headache
- x Stiff neck
- x Nausea
- x Vomiting
- x Photophobia (eyes being more sensitive to light)
- x Altered mental status (confusion)

Newborns and babies may not have the classic symptoms listed above, or it may be difficult to notice those symptoms in babies. Instead, babies may be slow or inactive, irritable, vomiting, feeding poorly, or have a bulging anterior fontanelle (soft spot of the skull). In young children, doctors may also look at the child's reflexes for signs of meningitis.



Symptoms of meningococcal septicemia may include:

- x Fever and chills
- x Fatigue (feeling tired)
- x Vomiting
- x Cold hands and feet
- x Severe aches or pains in the muscles, joints, chest, or abdomen (belly)
- x Rapid breathing
- x Diarrhea
- x In the later stages, a dark purple rash

[How is meningococcal disease spread?](#)

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.

- x 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.

### Who should not be vaccinated?

Some people should avoid or delay the meningococcal vaccine:

- x 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.
- x Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- x Anyone who is moderately or severely ill at the time the shot is scheduled should wait until they are better. People with a mild illness can usually get vaccinated.

### What are the meningococcal vaccine requirements for school attendance?

- x For students entering grades seven (7) through 11: one dose of MenACWY vaccine
- x For students entering grade 12: two (2) doses of MenACWY vaccine
  - o The second dose needs to be given on or after the 16th birthday.
  - o Teens who received their first dose on or after their 16th birthday do not need another dose.

### Reference

Health, N. Y. (2023, January). Meningococcal Disease Fact Sheet. Retrieved from New York State Department of Health Communicable Disease: <https://www.health.ny.gov/publications/2168/>