



SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

SCHOOL OF PHARMACY

APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS



GenerationRx
Safe medication practices for life.



Registration forms can be found here: <http://www.siu.edu/pharmacy/about/news/pharmacy-calendar.shtml>

 Find us on
Facebook www.facebook.com/SIUELockinToStayOut

GenerationRx is a patient care project within American Pharmacists Association – Academy of Student Pharmacists (APhA-ASP). The mission of GenerationRx is to provide education to people of all ages about the potential dangers of misusing prescription medications. Through this, we encourage medication safety to youth in our communities.

The Southern Illinois University Edwardsville (SIUE) School of Pharmacy APhA-ASP GenerationRx will be hosting an overnight lock in beginning on Saturday, April 4, 2020 for 5th through 8th grade students at the SIUE Vadalabene Center in Edwardsville.

Research has shown that elementary students who participate in programs focused on prescription drug misuse are less likely to abuse prescription medications as adults.

ALL parents/guardians are strongly encouraged to attend the parent orientation meeting starting immediately after child registration for an open discussion regarding prescription drug misuse within the community, what your child will learn throughout the evening and to answer questions regarding this topic.

Who: 5th through 8th grade students

What: Overnight lock in

Where: SIUE Vadalabene Center Edwardsville Campus

When: Saturday-Sunday, April 4, 2020

Check in begins at 8:00pm Saturday, April 4

Student & Parent Orientation at 8:30pm

Pick-up 7:30-8:00am Sunday, April 5, 2020

Registration Information

- Cost: \$20 Donation Suggested (this money will be used to offset the cost of the event for the evening and to extend future offerings of community engagement to adolescents within our community)
- Completed registration forms and waivers must be mailed to address listed on registration form
- Registration deadline is Monday March 2, 2020

Event Includes:

- Lock in t-shirt
- Drawstring bag
- Raffle prizes
- Pizza, snacks, drinks
- Interactive learning
- Rock climbing
- 3 hours of open court play
- Wallyball/Volleyball
- Indoor soccer
- Basketball
- Dodgeball
- Kickball
- Meeting other students
- Movies

What to Bring/Wear:

- Sleeping bag/blanket/pillow (*optional*)
- Empty water bottle (*optional*)
- Evening/emergency medicine **MUST** be checked in at registration
- Sweatpants/shorts encouraged
- Tennis shoes & socks for rock climbing, and gym play

If you have questions or would like additional information please email generationrx.siu@gmail.com or call Dr. Jessica Kerr at 618-741-0630

GENERAL INFORMATION

DIRECTIONS

Please see the attached campus map. Parking is available in lot F.

MEDICATION (PRESCRIPTION ONLY)

All prescription medication must be in their original container with the information clearly labeled on the container. Only prescription medication will be given during the lock in. All medication must be handed in at the check in table.

ILLNESS & EMERGENCY TREATMENT

Student health and safety are our top priority at the lock in. If your child has a serious accident or illness or requires medical treatment by a doctor, you will be notified immediately. Please be sure to provide the necessary insurance and emergency contact information on the registration form.

DROP OFF AND PICK UP POLICY

In order to ensure the safety of your child, all students must be signed in when they are dropped off and signed out when they are picked up. You will notice that part of the registration packet is a pick up form. You will need to list **anyone** that may be picking up your child on this form. We will check identification to verify the adult, therefore please remember to have your picture identification ready. Your child will not be allowed to go home with anyone who is not on the list.

Check in will begin at **8pm** on Saturday in the Vadalabene Center lobby. All students must be checked in by a parent or guardian. Parent orientation will start promptly at **8:30pm** (optional but encouraged). Pick up from the Vadalabene Center on Sunday will be from **7:30-8am**.

DISCIPLINE POLICY

To ensure that all children have a good experience at the lock in, it is expected that each child be courteous and respectful of fellow participants and the volunteers. Our discipline policy includes verbal warning. A continuous pattern of negative behavior or any major incident will result in immediate parent contact to pick up your child. The volunteers will do everything possible to make sure your child's experience is safe and enjoyable. Your cooperation and involvement is important to the success of the lock in.

DO NOT BRING

Do not bring personal listening devices, cell phones, computers, electronic games, food of any kind, or any inappropriate items to the lock in. **Items such as these ARE BROUGHT AT YOUR OWN RISK and may be collected and held for the duration of the lock to be returned to parents at the end of the lock in.**

Valuables (jewelry, money, etc.) should also be left at home. We request that students do not wear open toe shoes, sandals or flip flops.

All personal items brought to the lock in (water bottle, sleeping bag, pillow, etc) should be marked with the student's name. Event coordinators are not responsible for lost items.

Locked in to Stay Out Registration Form

PARTICIPANT INFORMATION

First Name _____ Last Name _____

School _____ Grade _____ Birthdate _____ Gender _____

Address: _____

City _____ State _____ Zip _____

T-shirt Size (circle): Youth: S M L Adult: S M L XL 2XL 3XL

HEALTH INSURANCE INFORMATION

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone _____

MEDICAL AUTHORIZATION

Does the participant have any allergies (including food allergies)? No _____ Yes _____ If yes, please provide details: _____

Please provide details of any current or recent medical conditions, diseases, disorders or problems: _____

Is any special care, prescription medication, or diet required? Over the counter medications will not be given without a valid prescription. No _____ Yes _____ If yes, please list: _____

Does your child have any special dietary needs? No _____ Yes _____ If yes, please list: _____

CONSENT OF TREATMENT

I hereby authorize the Southern Illinois University Edwardsville to provide or obtain emergency medical care for _____, a minor. I understand that I will be responsible for any charges incurred for such care.

Parent/Guardian Signature _____ Telephone _____

Relationship to Minor _____

PARENT/GUARDIAN INFORMATION/AUTHORIZATION

As the parent/legal guardian of _____ (student's name), I grant him/her permission to attend the Locked in to Stay Out lock in with SIUE School of Pharmacy at the SIUE Vadalabene Center. I understand that all registration forms and waivers are due to the address listed below by March 2, 2020.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email (for communication regarding lock in) _____

EMERGENCY CONTACT/PICK UP LIST

Please list all the possible people that you would like contacted in case of an emergency or may pick up your child. Please make them aware that lock in volunteers will be checking photo identification to ensure your child's safety. Lock in volunteers **will not** allow your child to go home with anyone not on this list. Thank you.

Name: _____

Phone: _____

Relationship: _____

Email: _____

Name: _____

Phone: _____

Relationship: _____

Email: _____

Name: _____

Phone: _____

Relationship: _____

Email: _____

PHOTOGRAPH RELEASE

I, (print name) _____, parent or official guardian of (child's name) _____ hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of my child and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions of my child, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me or my child. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

SIUE may ___ may not ___ (*check one*) use my child's name and identity in connection with the image.

_____ Date _____

(Signature of parent or guardian) EMAIL: _____

GROUP REQUEST

I would like my child to be in the same group with:

1. _____

2. _____

This is a request. No guarantees can be made that your child will be placed with the above named children.

CONTACT INFORMATION

If you have questions or would like additional information please email generationrx.siu@gmail.com or call Dr. Jessica Kerr at 618-741-0630.

Completed registration forms and waivers should be mailed to:

SIUE School of Pharmacy
Attn: Dr. Jessica Kerr/Generation Rx Lock in
200 University Park Dr.
Edwardsville, IL 62025

Donation checks should be made payable to:
APhA-ASP SIUE Student Chapter
Memo: Lock in / Student Name

RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT

(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I hereby acknowledge that my child's participation in the: Generation Rx Lock-in on April 4, 2020 until April 5, 2020, hereinafter "**Activity**", sponsored and administered by Southern Illinois University Edwardsville's School of Pharmacy (hereinafter "**Coordinators**"), involves an inherent risk of and exposure to property damage and bodily or personal injury to my child as a participant and to others as participants. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in the Activity and in the training, preparation for, and travel to and from the Activity to and for my child. I further acknowledge that it is my child's sole responsibility to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training for the Activity. I acknowledge that Southern Illinois University Edwardsville (hereinafter SIUE), does not warrant or guarantee in any respect the competency or mental or physical condition of any third party affiliated with the Activity, including third party leaders, instructors, vehicle drivers, or individual participants in the Activity. I further acknowledge that SIUE makes no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in the Activity. I hereby assume any and all such risk. I acknowledge that SIUE does not provide insurance coverage for my child. For the sole consideration of SIUE arranging for and allowing my child's participation in the Activity, and in connection therewith, making available for my child's use while participating in the Activity, certain equipment, facilities, grounds, or personnel of SIUE, I hereby do for myself, my child, my spouse, if applicable, my heirs, executors, administrators and assigns, agrees to waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the Activity whether caused by the ordinary, active or passive negligence of SIUE or otherwise, to the fullest extent provided by law. I understand and agree that SIUE does not have medical personnel available at the locations of the Activity; that SIUE is granted permission to authorize emergency medical treatment for my child, that such action by SIUE shall be subject to the terms of this Agreement; and that SIUE assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be effective during the entire period of my child's participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read and understand this entire statement and have freely and voluntarily signed this Waiver & Release of Liability & Covenant Not To Sue Agreement. I warrant that I am over the age of 18 years.

This _____ day of _____, 2020.

Signature of Parent

**Signature of Witness (non SIUE faculty/staff)
(Must be 18 years or older)**

Parent's Name (PRINT): _____

Child's Name (PRINT): _____ **DOB:** _____



Rock Climbing Gym

Release, Assumption of Risk, Waiver of Liability,
& Covenant Not to Sue

For use by persons 17 years of age and younger

(THIS IS A BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)

I, on behalf of my minor child, hereby acknowledge that Indoor rock climbing carries inherent risks that cannot be altered and that rock climbing is physically and mentally strenuous, and requires a certain level of competence and physical fitness to minimize the risk. My child's use of the SIUE Campus Recreation Climbing Gym is voluntary, and in deciding to permit my child to climb or boulder in this facility, I assume any and all of the risks to my child, inherent or otherwise, associated with this activity, including but not limited to, fatigue, stress, falls, hitting rock faces, projections and the ground, equipment failure, injuries (i.e., scrapes, bruises, cuts, rope abrasion, entanglement, pulled muscles, sprained ankles and knees, muscle soreness, broken bones, head injuries), poor decision-making, inattentive belayers, and holds that become loose or damaged by other climbers. I further understand that there are unforeseeable accidents or incidents that may occur, and I assume full responsibility for the risk to my child of bodily injury, death, and property damage while using the Climbing Gym. I understand and agree that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, hereinafter SIUE, do not warrant or guarantee in any respect the condition, safety, or suitability of any equipment used at the Climbing Gym and that it is my or my child's responsibility to pay attention to the state of the ropes, anchors, and holds in the climbing gym, and to advise the Climbing Gym staff if my child causes or notices any damage. I certify that I have read and understand the policies regarding the Climbing Gym, that I have explained these policies to my child, and that I agree that my child shall abide by all Climbing Gym policies and shall comply with all specific requests or instruction given by the Climbing Gym staff. In consideration of permitting my minor child to use the Climbing Gym, I hereby do for myself, my minor child, my spouse, and my child's heirs, executors, administrators and assigns, waive liability, release, hold harmless, covenant not to sue, and forever discharge SIUE from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's use of the Climbing Gym. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by SIUE shall not constitute a waiver, in whole or in part, of sovereign immunity by SIUE; that it shall be construed in accordance with the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* on behalf of my minor child.

Participant's Name (please print clearly)

Parent or Guardian's Name (please print clearly)

Signature of Parent or Guardian

Date

Signature of witness (Must be 18 years or older)

MEDICATION AUTHORIZATION FORM

REQUIREMENTS FOR DISPENSATION OF MEDICATION

All medication including over the counter medications will not be administered during the SIUE School of Pharmacy Lock-In (Locked In to Stay Out) unless it has been prescribed by your child's physician/prescribing provider **AND** this form has been completed. If the prescription is changed, a new form for parent consent and a new medication order must be completed before the medication can be administered.

Medication must be brought to the lock-in in the original box with your child's name attached. A prescription label is preferred. If you have ANY questions regarding this policy, please contact Jessica L. Kerr, PharmD, CDE and coordinator of this event at 618-741-0630 or email jekerr@siue.edu

I request that my child, _____ Date of Birth _____ be given the following medication during this lock in as prescribed by his/her physician or prescribing clinician.



Parent/Guardian signature

Contact phone number

TO BE COMPLETED BY PHYSICIAN/PRESCRIBING PROVIDER

Medication Name: _____

Frequency and time to be administered: _____

Diagnosis: _____ Possible side effects: _____

Time interval for re-evaluation _____

Other medications child is receiving: _____

1. This student is approved to carry emergency medication (inhaler/Epi-Pen [epinephrine]) on their person at this lock in event:
YES ___ NO ___
2. I certify that this student has been instructed on the use and self-administration of their emergency medication (inhaler/Epi-Pen[epinephrine]) and is capable of using this medication independently:
YES ___ NO ___
3. Is this child approved to self-administer their medication (non-emergency medication) at this lock in:
YES ___ NO ___
4. May medication be given by non-medical personnel at this lock in if camp/lock-in coordinator is unavailable:
YES ___ NO ___



Physician/Prescribing Provider Signature

Date

Physician/Prescribing Provider
Telephone/Name

Campus Core Map

