Rady Children's

2023 Rady Children's Padres Spring Training Experience

Patient Profile

Name of Participant: ____________________

Home Phone: ____________ Date of Birth: ____________ Age: ____________

Mother/Guardian: ____________________ Cell/Phone: ____________

Father/Guardian: ____________________ Cell/Phone: ____________

Patient's cell phone number (if applicable): ____________________

Opt-in the Patient to text chain during the trip: Yes No

Email Address for trip updates: ____________________

Primary Oncologist OR Nurse Practitioner: ____________ Phone: ____________

Insurance Plan: ____________ Member Number: ____________

*Approval to make electronic copy of patient's insurance information from EPIC: Yes No

(If possible, please ask patient to download the "My Chart" app on their phone for the trip)

ADULT MEETING patient at Rady Children's Sunday, March 19 at 3:30 PM ____________

Cell phone number of adult picking up patient: ____________

Please list any additional information that will be helpful to ensure a positive experience (e.g. dietary constraints, allergies, other concerns, etc.):

____

____

RCHSD Chaperones will make every effort to ensure the safety of all participants and their belongings. We cannot be responsible for items that are lost or misplaced. **Please bring only what you need and leave valuables at home!**

Parent/Legal Guardian Signature: ____________________

Participant Signature: ____________________

Please contact the Rady Children's staff with any questions:
Medical questions: Amy Schneider, RN, aschneider2@rchsd.org / 858-576-1700 ext. 223085
Travel questions: Megan Campbell, mcampbell1@rchsd.org / 858-966-8227

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Participant's Name: ______________________________ DOB: ______________

Allergies: ____

Please list all medications your child will receive while at spring training. The participants must self-administer all medications. You will review the medication list with a nurse prior to departure.

Medication:	Dose:	Time:	Comments:

Individually Boxed Lunch Order
Lunch for Friday on the go

Name:____

Please choose 1 (one) sandwich from the list below to take on the plane. Each lunch comes with a side salad, whole fruit, chips, condiments, and a fresh baked cookie.

______**Turkey Sandwich** with swiss cheese, lettuce and tomato on sourdough bread

______**Roast Beef Sandwich** with cheddar cheese, lettuce, tomato on rye bread.

______**Veggie Sandwich** with cucumber, avocado, lettuce, tomato and hummus on ciabatta bread.

______**Ham Sandwich** with lettuce and tomato on ciabatta bread.

Special Requests or Instructions: (ex: no cheese, any allergies)

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Code of Conduct
Rady Children's Hospital Foundation-San Diego
2023 Rady Children's Padres Spring Training Experience

As a participant, I understand that the Padres Spring Training Experience is a Rady Children's Hospital – San Diego activity. I understand that this trip and related activities have been made possible through charitable donations provided to the Rady Children's Hospital Foundation – San Diego and is offered as a gift to the participants. The purpose of this trip is to provide an enjoyable and safe experience for all who attend.

I understand that Rady Children's Hospital Foundation – San Diego requires that:

- All participants conduct themselves in a polite and respectful manner.
- All participants engage in planned group activities, if medically able.
- All participants refrain from the use of alcohol, recreational drugs or tobacco during this event.
- All activities are limited to the selected participants, and accompanying medical and clinical staff. No other persons will be permitted to participate.
- All participants must remain with the group at all times so that appropriate supervision can be maintained.
- Each participant must remain in his/her hotel room unless invited to another participant's room. Male and female participants are not permitted to gather in a hotel room unless supervised by a chaperone.
- Each participant will be responsible for their own medication. RCHSD Hem/Onc staff will review medication list with the patient prior to departure.

Any participant found in violation of any of these policies may lose their ability to attend future trips/ events/activities and could be sent home immediately.

Code of Conduct Acknowledgement

As a participant/parent/legal representative, I have reviewed the Code of Conduct. Furthermore, if applicable, I have reviewed this Code of Conduct with my child, who will be a participant, and my child agrees to abide by this code of conduct during the trip.

Participant Printed Name: ______________________________

Parent/Legal Representative Printed Name: ______________________________

Parent/Legal Representative Signature: ______________________________

Date: ______________

Consent for Medical Treatment of Child Participant

I ____(parent printed name) hereby authorize chaperones authorized by Rady Children's Hospital Foundation – San Diego to act in my place and to authorize any and all necessary medical care for the health and well-being of the Child Participant (listed below) during the Rady Children's Padres Spring Training Experience.

I further certify that members of my child's medical team at Rady Children's Hospital – San Diego have permission to release all necessary information to other third parties in order to insure the safe participation of my child during this activity.

I understand that supervision of the Child Participant will be provided by Rady Children's Hospital Foundation – San Diego appointed chaperones ("Chaperones"). If at any time during the event, the one of the Chaperones determine that the Child Participant should return to his/her home prior to the scheduled completion of this activity for any reason, the Parent/Legal Representative will be available to take custody of the child at that time. No medical treatment will be provided by Rady Children's Hospital Foundation – San Diego or its Chaperones.

Furthermore, this consent is subject to the terms of the release that has been executed for this activity that specifies that Rady Children's Hospital Foundation – San Diego and its representatives are not responsible for any injury, accident, illness or death suffered by the Child Participant while participating in this activity.

The Parent/Legal Representative has provided Emergency Contact Information to be used by Rady Children's Hospital Foundation – San Diego in the event of a Medical Emergency or other situation that necessitates contacting the Child Participant's Parent/Legal Representative.

Full Name of Child Participant: ____

Date of Birth: ____________________ Relationship to You: ________________________________

Participant Printed Name: ____

Participant Signature: ____

Parent/Legal Representative Printed Name: ________________________________

Parent/Legal Representative Signature: ________________________________

Date: ____________________

In case of emergency, please contact:

(Printed Name) ____

(Phone Number) ____

Rady Children's Hospital Foundation- San Diego Waiver of Liability, and Assumption of Risk, Release and Indemnification Agreement for the Rady Children's Padres Spring Training Experience

I ____________________________________ (Parent/Legal Representative Name – Printed) give my child, ______________________________________(Child Name – Printed), permission to participate in the Rady Children's Hospital Foundation – San Diego Spring Training Baseball Trip ("Activity") as authorized by his/her physician and in accordance with this Waiver of Liability, Assumption of Risk, Release, and Indemnification Agreement as explained in more detail below:

<u>Waiver:</u> In consideration of my/my child's participation in this Activity, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Rady Children's Hospital Foundation – San Diego, its directors, officers, employees, and agents for liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in this Activity.

<u>Assumption of Risks:</u> Physical activity and travel, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I appreciate these and other risks that are inherent in the activities made possible by Rady Children's Hospital Foundation – San Diego. I hereby assert that my/my child's participation is voluntary and that I knowingly assume all such risks.

<u>COVID-19:</u> I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child may be exposed to or infected by COVID- 19 by participation in this Activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Rady Children's Hospital Foundation – San Diego employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and/or to my child (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my/my children's participation in this Activity.

<u>Indemnification and Hold Harmless:</u> I also agree to Indemnify and hold Rady Children's Hospital Foundation – San Diego harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my/my child's involvement with the Rady Children's Hospital Foundation – San Diego Activity, and to reimburse them for any such expenses incurred.

<u>Severability:</u> The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

<u>Release:</u> I understand and agree that Rady Children's Hospital Foundation – San Diego, its volunteers, employees, directors, officers, or agents assume no responsibility or liability for any accident, injury or death that may occur as a result of my child's participation in this Activity, including but not limited to a COVID-19 infection. By signing this form in the space provided, I hereby release Rady Children's Hospital Foundation – San Diego, its volunteers, employees, directors, officers, and agents from any responsibility or liability for any accident, injury or death that may occur as a result of my/my child's participation in this Activity.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, release and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my/my child's right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant Printed Name: ______________________________

Parent/Legal Representative Printed Name: ______________________________

Parent/Legal Representative Signature: ______________________________

Date: ______________

Rady Children's Hospital-San Diego
3020 Children's Way, MC #5049

DT74010

Patient Information

*DT74

MEDIA RELATIONS

MEDIA AND COMMUNITY RELATIONS

Authorization for Use, Disclosure or Publication of Photographs and Video Recordings

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with California and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE OF INFORMATIONRMATION

Patient's Name:

Last	First	Middle Initial

Birth Date

I, the undersigned, do hereby authorize the individuals and entities listed below, their employees, contractors and agents, to record the image of the above-named patient(s), by still photography and videography, or in any format and by any other mechanical means of recording and reproducing images and sound (collectively "Media"). This authorization is hereby granted to:

Rady Children's Hospital – San Diego; attending physicians;
Rady Children's Institute for Genomic Medicine (RCIGM); Rady Children's Hospital Foundation

(Addresses available on request)

Effective Date(s) of this Authorization (all Media created after this date will be included): 3/17/23

The requested information shall be used for the following purpose: **Photographs, video and/or recorded patient family interviews and stories may be used for the promotion and advertising of Rady Children's Hospital and its services, and for the promotion and advertising of RCIGM and its research. The media and information recorded by the Media may be published in print publications and/or posted on the Internet, including Rady Children's Hospital and RCIGM website(s) and social media, and/or used for fundraising events and other public relations purposes, including local and/or national print and/or broadcast media.**

This Authorization shall be limited to the following information:

Photos, videos and likeness used by Rady Children's Hospital-San Diego

I waive the right to compensation for the Media and any disclosures I have authorized, and I agree to hold Rady Children's Hospital-San Diego, Rady Children's Institute for Genomic Medicine, Rady Children's Hospital Foundation, and their employees, contractors, agents, and the attending physicians, and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

EXPIRATION

This Authorization expires in 20 years:

California law prohibits the requestor from making further disclosure of my health information unless the requestor obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS

I understand that I have the following rights with respect to this Authorization:

- I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Rady Children's Hospital and Health Center, 3020 Children's Way, MC 5049 San Diego, CA 92123-4282.
- My revocation will be effective upon receipt, but will not be effective to the extent that the requestor or others have acted in reliance upon this Authorization.
- I have a right to receive a copy of this Authorization.
- I may not be required to sign this Authorization as a condition to obtaining treatment or payment or my eligibility for benefits.

APPROVAL

______________________	______________	______________________
Signature	Date	Witness
______________________	______________	______________________
Relationship to Patient	Area Code/ Phone Number	Email