

# 2009-2010 4-H Youth Development Health - Code of Conduct - Photo Form (Sussex County)

**IMPORTANT – The following information must be completed for attendance!**

## SECTION I – HEALTH FORM

*Please print*

Participant's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_

Cell phone \_\_\_\_\_

Parent or guardian \_\_\_\_\_

Work phone \_\_\_\_\_

Second parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Policyholder's name and relationship to participant: \_\_\_\_\_

Policyholder's address: \_\_\_\_\_

Insurance company's name and address: \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone # \_\_\_\_\_

Employer's name and address \_\_\_\_\_

All policy numbers (please identify): \_\_\_\_\_



### MEDICAL TREATMENT AUTHORIZATION

Primary care physician \_\_\_\_\_

Physician's phone \_\_\_\_\_

Dentist or Ortho phone \_\_\_\_\_

Please tell us anything about your child that you feel might be helpful or necessary for us to know in order to improve his/her camping experience. (For example: stomachaches when nervous, bedwetting, sleepwalking, Tylenol works best for headaches, etc.) This will be shared confidentially with the counselor of your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RECENT MEDICAL HISTORY

Please check yes or no. If yes, explain (include another sheet if needed.)

**YES NO**

\_\_\_\_ Has the participant had any recent surgeries or fractures?  
\_\_\_\_\_

\_\_\_\_ Does the participant have any chronic health problems or illness, such as seizures, asthma, other?  
\_\_\_\_\_

\_\_\_\_ Does the participant presently have an acute illness?  
\_\_\_\_\_

\_\_\_\_ Has the participant been treated recently for any kind of medical problem?  
\_\_\_\_\_

\_\_\_\_ Does the participant have any allergies to medication or local anesthetics?  
\_\_\_\_\_

\_\_\_\_ Does the participant have contacts, glasses, orthodontic appliances?  
\_\_\_\_\_

\_\_\_\_ Are the immunizations up-to-date?  
Date of last tetanus: \_\_\_\_\_



**List any allergies to medications and/or foods:** \_\_\_\_\_

List any medications he/she is now taking for treatment of any medical problem.: \_\_\_\_\_

Activities encouraged or limited by physician: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

*This health history is correct, to the best of my knowledge, and the person herein described has my permission to engage in all activities, except as noted.*

**Signature of parent, guardian or adult camper/staff member:** \_\_\_\_\_

**For Females:**

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special consideration \_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_

**Authorization for Treatment:** I hereby give permission to the medical personnel, selected by the activity director, to order X-rays, routine tests, treatment, permission to release any record necessary for insurance purposes, and to provide and arrange necessary related transportation for me/my child. If I cannot be reached in the event of an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. This complete form may be photocopied in the event the participant will need to leave camp.

**Signature of parent, guardian or adult camper/staff member:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

I, as the participant, understand and agree to abide by the restrictions placed on my camp activities.

**Signature of minor or adult camper/staff member:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

\*If for religious purposes you cannot sign this, the camp should be contacted for a legal waiver, which must be signed for attendance.

# Health — Code of Conduct — Photo Form

## SECTION I – HEALTH FORM ...continued



### PERMISSION TO MEDICATE

I understand that my child may require medication for minor medical conditions. Such conditions may include headaches, sunburn, poison ivy, bug bites, upset stomach, scrapes, cuts, and/or bee bites. I understand there will be a camp nurse to handle minor health problems and medication administration, but the camp nurse will not be able to medicate my child without permission from the parent or guardian. The following over-the-counter medications may be administered to my child, as needed, following the suggested dosage guidelines **(initial all that you give permission for the camp nurse to administer.)** Medication and/or conditions not covered by your advance permission will require a phone call to you before any medication can be given, and may cause a delay in treatment.)

- \_\_\_\_\_ Tylenol for headaches, muscle aches and pains, cramps
- \_\_\_\_\_ Advil for headaches, muscle aches and pains, cramps
- \_\_\_\_\_ Maalox, Mylanta for upset stomach, stomachache, gas, nausea
- \_\_\_\_\_ Tums for stomachache, upset stomach, nausea
- \_\_\_\_\_ Imodium for diarrhea
- \_\_\_\_\_ Pepto-Bismol for nausea, diarrhea
- \_\_\_\_\_ Milk of Magnesia for constipation
- \_\_\_\_\_ Calamine, Caladryl, Insect Bite Pen for insect bites, stings, jelly fish stings
- \_\_\_\_\_ Benadryl Lotion (topical) for insect bites, stings, poison ivy
- \_\_\_\_\_ "Green Clay" (from health food store) for poison ivy, insect bites, stings, jelly fish stings
- \_\_\_\_\_ Adolf's Meat Tenderizer (enzyme deactivates the poison) for jelly fish stings
- \_\_\_\_\_ Neosporin, Hydrogen Peroxide for scrapes and cuts
- \_\_\_\_\_ Solarcaine for sunburn
- \_\_\_\_\_ Benadryl (oral) for sinus, allergies, hay fever, rashes
- \_\_\_\_\_ Sore throat spray or lozengers
- \_\_\_\_\_ Robitussin DM

I understand any prescription medications taken by my child and/or to be dispensed to my child MUST be in the original container from the pharmacy with the original label and directions attached, or I must have a copy of the prescription from the doctor, in order to be dispensed by the camp nurse. (Failure to follow these rules will result in the parent or guardian being required to deliver these before any medications can be given.)

**Signature of parent or guardian:** \_\_\_\_\_

**Date** \_\_\_\_\_



## SECTION II—PHOTO IMAGE RELEASE

I authorize the University of Delaware to record and photograph my image and/or voice, or that of my child, for use by the University of Delaware or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

**Subject's name (adult or youth)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## SECTION III—DELAWARE 4-H CODE OF CONDUCT

1. Attend all sessions in the planned program. If you are not feeling well or have a schedule conflict that will keep you from attending, please tell the adult in charge.
2. Follow hours and room rules established before the event begins. You are responsible to know the rules for each event.
3. Use language and manners that will bring respect to you and Delaware 4-H. You are responsible to know which language and behavior is appropriate.
4. Be in the assigned program area (dorms, cabins, hotel room, etc.) at all times.
5. Know the use of tobacco, alcohol and non-prescription drugs is prohibited at all times and at all 4-H events.
6. Model respect for other persons in public areas. The adults in charge will help you know rules of courtesy that you will want to follow.
7. Treat program areas, lodging areas and transportation vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
8. Help other members in your group have a pleasant experience by making every attempt to include all participants in activities.
9. Live up to your highest expectations of yourself, so you can return home proud of who you are and what you have accomplished.

**Those who are unable to conduct themselves within the guidelines listed above will be expected to:**

1. Explain their actions to the adults in charge;
2. Accept the consequences of their actions;
3. Know that the adults in charge will work closely with parents/guardians, Extension personnel, and others to see that action is taken, and that appropriate and logical consequences for all concerned will follow.

**I have read the Delaware 4-H Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in the loss of privileges during this event and/or in the future.**

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**As parents/guardian of** \_\_\_\_\_

I have read the Delaware 4-H Code of Conduct and will support the adults in charge in the performance of their responsibilities to see that appropriate behavior is maintained.

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