

ANYTOWN 2010 Parent/Guardian Packet

Health History and Medical Release Form

This entire form should be completed by a parent or guardian (except where delegate signatures are needed) and returned to the NCCJ office, 713 N. Greene Street, Greensboro, NC 27401. All medical information will be kept strictly confidential.



Delegate's Name (Last, First, Middle) _____

Name Delegate will go by at ANYTOWN _____

Home Address _____ City _____ State _____ Zip _____

Birth Date _____ Age _____ Sex _____ Language(s) Spoken at home _____

Check the box beside the phone number(s) you want included on the ANYTOWN roster. You can include both.

Home Phone # _____ Alternate/Cell Phone # _____

Parent/Guardian

2nd Parent/Guardian

Name _____

Address _____

Daytime Phone # _____

Employer _____

I do **NOT** wish to receive information from NCCJ about other NCCJ programs or initiatives.

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Does this delegate have any physical limitations that may restrict participation in program activities? Y ___ N ___

If yes, please explain _____

Is the delegate presently undergoing professional counseling or therapy? Y ___ N ___

If yes, please explain _____

Has the delegate been exposed to any contagious diseases in the last 6 months? (SARS, Chicken Pox, etc.)? Y ___ N ___

If yes, please explain _____

Will the delegate be taking any required or prescription medication during the ANYTOWN week? Y ___ N ___

Medication 1 _____ Dosage _____ Reason for taking _____

Medication 2 _____ Dosage _____ Reason for taking _____

Medication 3 _____ Dosage _____ Reason for taking _____

Medication 4 _____ Dosage _____ Reason for taking _____

Medication 5 _____ Dosage _____ Reason for taking _____

**** NOTE: If a delegate is required to take any medication during the ANYTOWN program OR requires emergency intervention medications such as an inhaler or EpiPen, they MUST bring the medication with them. If they do NOT, they will NOT be allowed to board the bus.**

Immunizations

Tetanus Hepatitis A Hepatitis B

Dates _____

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Health History and Medical Release Form (continued)

Does the delegate have any of the following medical conditions? (Check all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pulmonary Disorders | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes (1) (2) |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Muscular-Skeletal Disorder | <input type="checkbox"/> Gastrointestinal Disorder | <input type="checkbox"/> Skin Infection |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Other issues the medical staff should be aware of? | |

Explain: _____

Please list any known allergies (food, medicines, bee stings, etc.) _____

Please describe reaction and management _____

Dietary Restrictions

Please list any special dietary needs. (Unfortunately, food cannot be prepared to order, however, the B.R.C.C. staff does try to accommodate our requests to the best of their ability. B.R.C.C. may not have a Kosher kitchen)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat poultry |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat eggs |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat dairy products |

Medical Emergency/Emergency Release Form

Is the delegate covered by medical/health insurance? Y ___ N ___

If yes, please provide the name of Insurance Company _____

Telephone _____ Group Name / Number _____ Policy Number _____

Address _____

Permission to Provide Necessary Treatment or Emergency Care

In the event of an accident or illness that requires emergency medical care, I hereby give permission to the attending (licensed) medical personnel to order such medical attention as may be deemed necessary for the health and safety of my child/the child in my care. In the event that I cannot be immediately reached, I hereby give permission to the nearest qualified medical facility to secure and administer treatment, including hospitalization, to my child/the child in my care.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Authorization

This health history is correct and complete as far as I know, and my child/child in my care has permission to participate in the program activities except as noted. I also understand that NCCJ of the Piedmont Triad, Inc., its officers, National and Regional Board members, volunteers, agents, employees and licensees can not be held liable for any health complications or problems that resulted from or were caused by my child's/child in my care's negligent regard for his/her own health and safety.

Parent/Guardian's Initials _____

Delegate Agreement to Abide by Health Restrictions

I, _____, understand and agree to abide by the restrictions placed on my activities during this program. I agree to not to infringe on the safety of or knowingly cause bodily harm to the others in attendance at ANYTOWN. I also understand that NCCJ of the Piedmont Triad, Inc., its officers, Board members, volunteers, agents, employees and licensees can not be held liable for any health complications or problems that resulted from or were caused by my negligent regard for my own health and safety.

Delegate Signature _____ Date _____

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Program Participation Consent Form

I, _____, accept my appointment as a delegate to ANYTOWN 2010. I recognize my responsibility to myself, my family and my school or sponsoring agency, and I agree to be the best possible participant in ANYTOWN. I agree to be present for the entire ANYTOWN session, from beginning to end. I have read and understand all of the guidelines of ANYTOWN (in the information pamphlet included with this form) involving safety, protecting the camp property, and being responsible for my personal behavior, and I agree to respect and honor those guidelines. I also understand that violations of these guidelines may result in my dismissal from the program, and/or may require the involvement of legal authorities. I will respect the rights of others and treat my own as a privilege. I consent to random searches by NCCJ staff of my property and, on reasonable suspicion, my person. I understand that non-compliance with this agreement can result in my immediate removal from the ANYTOWN program.

I understand that ANYTOWN is an intensive human relations and leadership program that deals with mature subject matter. I understand that discussion topics may include religious discussions, self-reflection, interpersonal communication, racial identity, racism, sexism, heterosexism, classism, ableism, family issues, institutional and personal power and the cycle of oppression.

I understand that participants and staff often find ANYTOWN to be an emotional experience. Throughout the week, participants may experience confusion, anger, joy, sadness, frustration, hope and other emotions related to challenging issues of bigotry as we learn about the impact discrimination has on us personally and on others. I assure you that I am capable of handling the subject matter and the emotional nature of this program and have no known mental or emotional disorders or sensitivities that would interfere with my participation.

I understand that although NCCJ of the Piedmont Triad, Inc. has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for NCCJ of the Piedmont Triad Inc. to guarantee absolute safety and security. I also understand that each participant shares the responsibility for safety during all activities and the security of his/her own belongings, and I assume that responsibility for myself. I waive any claim that may arise against NCCJ of the Piedmont Triad, Inc. and/or its Board of Directors, employees, agents, volunteers, or lessors including those claims that may arise from the negligence of NCCJ of the Piedmont Triad, Inc., its Board of Directors, employees, agents, lessors or volunteers.

I, as a participant of or the parent/guardian/care-giver of a participant of ANYTOWN, agree to defend, indemnify, and hold harmless NCCJ of the Piedmont Triad, Inc. and/or its Board of Directors, employees, agents, volunteers, or lessors from and against all claims, losses, costs, and expenses (including attorneys' fees) arising out of my/child in my care's participation in the ANYTOWN or any other NCCJ of the Piedmont Triad, Inc. program.

For Parents/Guardians

To the best of my knowledge, my child/the child in my care has no known mental or emotional disorders or sensitivities that would interfere with his/her participation and that my child/the child in my care is capable of handling the subject matter and the emotional nature of this program. Participants will be asked to complete a series of written evaluations during and after the program. I hereby grant permission for my child to complete evaluation questionnaires.

If the Executive Director or Program Coordinator(s) must send my child/the child in my care home for any reason, I agree to pick him/her up within five hours of the Director's call. I understand that I may be called at any time of the night or day to arrange for my child's transportation home and that I will be responsible for all costs associated with such transportation.

If my child's/the child in my care's medical information should change prior to ANYTOWN, I will notify NCCJ of the Piedmont Triad, Inc. of any new conditions, medications, limitations, etc.

I have read and understood all the registration documents required for my child's/the child in my care's participation in the ANYTOWN program. I stand behind and support my child/the child in my care in their pursuit of personal growth and leadership development. I recognize my responsibility to my child and the rest of the ANYTOWN community.

Delegate Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

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Personal Information

_____ I grant my permission for my child's/the child in my care's name, phone number, address, email address, birth date, and high school to be distributed **only** to other participants on the program roster.

_____ I **do not** grant permission for my child's/the child in my care's name, phone number, address, email address, birth date, and high school to be distributed **only** to other participants on the program roster.

Parent/Guardian Signature _____ Date _____

Photo Release

I am the parent/legal guardian of _____, who will be participating in activities sponsored by the NCCJ of the Piedmont Triad, Inc. including ANYTOWN and any other follow-up activities. I understand that my child/the child in my care, alone or with other participants and/or NCCJ of the Piedmont Triad, Inc. staff, volunteers or representatives, may be interviewed, photographed, recorded on film, audio tape, videocassette, or other visual and sound computerized, telephonic, voice-mail or tape media ("photographs and/or sound/image recordings") and/or may provide written or oral statements to NCCJ of the Piedmont Triad, Inc. and/or others approved by NCCJ of the Piedmont Triad, Inc.

I hereby consent to the foregoing and grant permission, without reservation, to NCCJ of the Piedmont Triad, Inc. and/or those approved by NCCJ of the Piedmont Triad, Inc. to generate, prepare, advertise, describe and/or publicize NCCJ of the Piedmont Triad, Inc. and its work, good will, public education and/or fundraising activities, disseminate, otherwise use and comment upon the photographs and/or sound/image recordings as they may determine, without review by me or my child/the child in my care and without financial or other obligation of any nature to me or my child/the child in my care. I consent that my child/the child in my care may be identified by name, age, race, school of attendance, city of residence, or program of participation as these companies and/or those approved by these companies may determine.

I release NCCJ of the Piedmont Triad, Inc. , its officers, Board of Directors, volunteers, agents, employees and licensees from all claims that I or my child/the child in my care may have, or might have, for any cause of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein. This consent and release shall continue in effect, without a limitation of time.

_____ I consent and agree to the photo release terms mentioned above.

_____ I **do not** consent and agree to the photo release terms mentioned above.

Parent/Guardian Signature _____ Date _____

After ANYTOWN pick up

If I am unable to pick up my child/the child in my care from the bus location after the ANYTOWN week, I give my permission to the following person(s) to pick up/transport my child/the child in my care:

Name _____ Relationship to Child _____

Phone Number _____

Name _____ Relationship to Child _____

Phone Number _____

Parent/Guardian Signature _____ Date _____