



UNCOMPROMISING COMMITMENT TO COMMUNITIES:

SERVICE, LEADERSHIP, EMPOWERMENT

**Delta Sigma Theta Sorority, Incorporated  
Berkeley Bay Area Alumnae Chapter**

## **2016-2017 YOUTH INITIATIVE PROGRAMS**



**Dr. Betty Shabazz Delta Academy** was created out of an urgent sense that bold action was needed to save our **African-American females aged 11 to 14** from the perils of academic failure, low self-esteem, and crippled futures. The curriculum focuses on social and emotional development, physiological transitioning and exposure to global ideas and learning opportunities.

**Dr. Jeanne L. Noble Delta GEMS Institute** targets **African-American females between the ages of 14 and 18** who, given structured guidance, experiences and support, have the potential to achieve success. Through the GEMS experience, the participants will hopefully develop into compassionate, community-minded, successful young women.



**The EMBODI (Empowering Males to Build Opportunities for Developing Independence)** program is designed to refocus the efforts of Delta Sigma Theta Sorority, Inc., with the support and action of other major organizations, on the plight of **African-American males aged 13 to 17**. EMBODI addresses issues related to STEM education, culture, self-efficacy, leadership, physical and mental health, healthy lifestyles choices, character, ethics, relationships, college readiness, fiscal management, civic engagement and service learning.

**For more information, please contact  
Committee Chairperson Mildred Oliver at 510-501-4293.**



**PARENTAL AFFIRMATION**

I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the Berkeley Bay Area Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (hereinafter "BBAAC") that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the BBAAC Youth Initiative Programs (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively "Releasees"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in BBAAC Youth Initiative Programs.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

\_\_\_\_\_  
Parent/Guardian Signature

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

## **CODE OF CONDUCT FOR YOUTH PARTICIPATING IN YOUTH INITIATIVE PROGRAMS**

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying)<sup>1</sup> or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

### **Sanctions for Violating Code of Conduct**

#### **Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

*Next occurrence youth is removed from the program.*

#### **Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *parent or guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

*Next occurrence youth is removed from the program.*

#### **Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

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<sup>1</sup> Cyber-bullying is defined in the *Internet Use Policy*.

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

\_\_\_\_\_  
Youth Participant Print Name

\_\_\_\_\_  
Youth Participant Signature

Date\_\_\_\_\_

\*\*\*\*\*

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the BBAAC Youth Initiative Programs. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature

Date\_\_\_\_\_

**YOUTH PICK-UP AUTHORIZATION FORM**

I authorize the persons listed below to pick-up my child from the BBAAC Youth Initiative Programs. For my child’s safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. (Please include names of either parents or guardians on list below).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Berkeley Bay Area Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Berkeley Bay Area Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_ (“Child”), give permission for my/our Child to participate in the BBAAC Youth Initiative Programs (the “Initiatives”) activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Chapter. I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity. I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees. I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **INTERNET USE POLICY**

### **1. Purpose**

This policy relates to the use of computers or Internet access through, during, or as part of any Delta Sigma Theta Sorority, Inc. (“Delta”) Youth Initiative Program (“Program”) or sponsored event. The purpose of the policy is to protect the participating youth from gaining access to undesirable materials on the Internet; from making undesirable contacts over the Internet; and to prevent unacceptable use of the Internet by youth participants, including, but not limited to, using the Internet for cyber-bullying. The focus of the policy is on both personal and shared responsibility.

### **2. Definitions and Illustrative Examples**

#### **A. Examples of Prohibited Materials**

- Pornographic images or obscene images or text on Internet web sites;
- Material that contains abusive, profane, inflammatory, coercive, defamatory, blasphemous or otherwise offensive language on web sites or in e-mail messages; and
- Racist, exploitative or illegal material or messages on web sites or in e-mail.

#### **B. Examples of Prohibited Contacts**

- Responding to e-mail messages or solicitations (through advertisements or web postings) from unknown or unverified parties who seek to establish a youth’s identity and/or to communicate with the youth for any purpose;
- Initiating contact with unknown or unverified parties or parties seeking contact youth for any purposes.

#### **C. Examples of Prohibited Use**

- Deliberately searching for and accessing prohibited materials;
- Creating and transmitting e-mail messages that contain unacceptable language or content such as that listed above in 2A, bullet 2; and
- Creating and publishing Internet materials that contain unacceptable language and content.

#### **D. Examples of Cyber-bullying**

Cyber-bullying includes, but is not limited to, the following misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool, such as sending or posting inappropriate or derogatory email messages, instant messages, text messages, digital pictures or images, or website postings which has the effect of :

- Physically, emotionally or mentally harming an individual;
- Placing an individual in reasonable fear of physical, emotional or mental harm;



- Placing an individual in reasonable fear of damage to or loss of personal property; or
- Creating an intimidating or hostile environment that substantially interferes with an individual's educational opportunities.

### **3. Unintentional Exposure of Youth to Prohibited Materials on the Internet**

It is the Delta's policy that Chapters must undertake every reasonable step to prevent exposure of youth participants to undesirable materials on the Internet. It is recognized that this can happen not only through the youth deliberately searching for such materials, but also unintentionally when a justifiable Internet search yields unexpected results. To prevent such occurrences chapter shall adopt the following practices:

#### **A. Chapters should use an Internet Provider or software that blocks access by:**

- Filtering sites by a grading process, and
- Filtering sites by language content and prohibit sites with unacceptable vocabulary.

#### **B. Chapters must strictly supervise Internet usage:**

- Adults must strictly supervise youth participant's Internet activity, and there should be no searching of the Internet without a supervisor checking periodically during use and reviewing the sites accessed after a youth logs off;
- Install appropriate language filtering software (e.g., Net Nanny).

### **4. Intentional Access of Prohibited Materials by Youth**

Chapter shall explain clearly and firmly to the youth that they are prohibited from intentionally accessing prohibited material on the Internet. The youth also must be informed that if she/he violates this policy, she/he will be disciplined and her/his parents or guardian will be notified. Chapters must follow through with disciplining the youth and notifying the parents or guardian.

### **5. Deliberate Access to Prohibited Materials by Adults**

Adults are prohibited from deliberately accessing prohibited materials. Any adult who violates this policy will be terminated as a volunteer.

### **6. Receipt and Transmission of e-mails by Youth**

It is recognized that, even with training and supervision, youth may receive or transmit email messages that contain unacceptable (or even prohibited) language or content. It is also recognized that some people may try to use e-mail to identify and contact children for unacceptable reasons.

To avoid these problems, chapters should adopt the following practices:

A. Use an Internet e-mail service that guarantees the bona-fide nature of e-mail communicants and that vets youth's e-mail for undesirable content.

B. Depending on the circumstances and the age or maturity of the youth, allow youth to read e-mail messages only when an adult is present or when the messages have been previewed by an adult.

C. Take steps to verify the identity of anyone seeking to establish regular e-mail communications with youths.

D. Allow youth to send e-mail messages only when the contents have been approved by an adult. If staff or volunteers believe that youth have been targeted with e-mail messages by parties with criminal or inappropriate intent, immediately take the following steps: retain the messages; record the incident; inform the youth's parents; and report the incident to law enforcement or other local or state authorities.

## **7. Publishing Materials on the Internet**

No materials, whether created by volunteers or youth participants, that contain any prohibited images, language, or content shall be published on the Internet. Infringement of this rule shall result in disciplinary action. No materials shall be published on the Internet that reveals the identity of any youth.

## **8. Use of the Delta's Internet by Visitors and Guests**

No visitor or guest shall be allowed to use any Delta computer.

## **9. Intellectual Property Rights**

A. Delta's Intellectual Property. No individual member owns any of Delta's intellectual property (which includes any Delta logo, word(s), or phrase(s) commonly associated with, and understood to refer to, Delta, and the "look" of any Mark used to distinguish merchandise and service as being associated with or related to Delta. Thus, no member is authorized to use such property for any inappropriate or any commercial purpose (i.e., to make money from using the property or to promote other causes), or to authorize any third party to use Delta's intellectual property for any purpose. See Delta's Code of Conduct; Social Media Guidelines, and Primer on the Use of the Intellectual Property of Delta Sigma Theta Sorority, Inc.

B. Third Parties Intellectual Property Rights. All materials on the Internet are copyrighted and/or trademarked unless copyright has been expressly waived. Delta respects the intellectual property rights (copyright, trademarks, service marks, and related rights) of third party owners Internet materials, and Delta assumes no liability for violations of any intellectual property rights by volunteers or youth participants. 10.

## **10. Parental Approval of Publication of Photographs or Other Materials**

Chapters may publish photographs of youth participants on the Internet, so long as the parent or guardian has granted authorization. Depending on the nature and content, other materials may be published so long as the parent or guardian has given written consent.

**PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parent(s) or legal guardian(s) of \_\_\_\_\_, give permission for Berkeley Bay Area Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child at BBAAC Youth Initiative Programs, without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the BBAAC Youth Initiative Programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of \_\_\_\_\_, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY**

It is the policy of the Berkeley Bay Area Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign in and out of its BBAAC Youth Initiative Programs (“Program”). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.
3. One of the following procedures shall be observed during departure and return:
  - a. Parents or an authorized representative will sign out youth.
  - b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
  - c. When chapters provide transportation to off-site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

**PLEASE NOTE:** If a parent or guardian wishes to arrange alternative transportation for their child to attend an off-site activity, the youth may join the group at the event or activity, but the Berkeley Bay Area Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.

## **CONFIDENTIALITY POLICY**

It is the policy of Berkeley Bay Area Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, Berkeley Bay Area Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its BBAAC Youth Initiative Programs and to better serve the needs of the youth participants, the Berkeley Bay Area Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

**Limits of Confidentiality:** Confidential information may be shared with individuals or organizations as specified below under the following conditions, and provided that the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of Berkeley Bay Area Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

**Safekeeping of Confidential Records:** The President of Berkeley Bay Area Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

**Requests for Confidential Information by Other Agencies:** Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

**Violations of Confidentiality:** Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

**No Liability.** There shall be no liability to Delta, the Berkeley Bay Area Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

**MEDICAL INFORMATION FORM**

Today's Date: \_\_\_\_\_

**Health History:**

Child's Name (Last, First, M.I.): \_\_\_\_\_

Gender (check one): Male \_\_\_\_\_ Female \_\_\_\_\_ DOB (mm/dd/yy): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live in home with child? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live at home with child? \_\_\_\_\_

Is/Has child been under regular supervision of a physician? \_\_\_\_\_

Name and address of physician \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

**Health and Developmental History:**

**Childhood Illness:** Check any that apply

Measles    Mumps    Asthma    Chickenpox    Rheumatic Fever    Hay Fever    Diabetes

Epilepsy    Whooping Cough    Poliomyelitis    Ten-Day Measles (Rubella)    Three-Day

Measles (Rubella)    Other (please list): \_\_\_\_\_

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the \_\_\_\_\_ Youth Initiative Programs? (check one):    None    Yes   If yes, please provide detailed explanation

\_\_\_\_\_  
\_\_\_\_\_



Does child have any significant food/medication/environmental allergies that may require emergency medical care at the BBAAC Youth Initiative Programs? (check one) None Yes

If yes, please provide detailed explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specify any other serious or severe illnesses or accidents:

\_\_\_\_\_  
\_\_\_\_\_

Does child take prescribed medications? None Yes

If yes, name the medications: \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

(For any medications or treatment required during the course of the BBAAC Youth Initiative Programs, a Medication Authorization Form should be completed and submitted with this form.)

Does child take any over the counter medications frequently? None Yes

If yes, name the medications: \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

Does child have any allergies? None Yes

Specify: \_\_\_\_\_

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.):

None Yes If yes, name the Device(s): \_\_\_\_\_

Reason for use: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION PERMIT**

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

- For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children’s liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.
  
- For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
  
- For nasal congestion/sinus pressure:** Decongestant
  
- For sore throat:** Throat lozenges (e.g., Cepacol lozenges)
  
- For coughs:** Cough drops/lozenges or cough suppressant.
  
- For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)
  
- For sun protection:** Sunscreen lotion SPF 30.
  
- I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN & INSURANCE INFORMATION**

Name of Child’s Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

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

Name of Policy Holder \_\_\_\_\_

Name of Policy Holder’s Employer \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Name of Minor: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent/Guardian Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Minor's Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**HEALTH INFORMATION**

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Bee sting or insect bite \_\_\_\_\_

Other \_\_\_\_\_

Asthma                       Inhaler required at Program

Vision Problems     Glasses     Contacts

Hearing Problems     Hearing Aid(s)

ADD/ADHD

Other \_\_\_\_\_

List all medications and dosages your child receives on a continual basis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

Parent/Guardian #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.**

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_