

SUMMER 2010 RESIDENT HEALTH INFORMATION FORM and LIABILITY RELEASE

I: Please select the camp attending

Level 1 Week 1	Level 1 Week 2	Level 2 Level 2.5	Level 3	Level 4 Level 4.5
July 18-22	Aug 1-5	June 20-24	July 11-15	July 11-15

***Group accidental insurance is provided for all camp participants through Edgewood College and Bishop O'Connor Center. The policy covers injuries arising out of or in the course of an accident under the following: "While participating in, directly going to or returning from, activities sponsored and supervised by the policyholder." Each camp facility maintains a limited accident insurance policy for medical expenses due to accidental injury related to camp activities. There are some limitations in the policy for medical benefits. ***

Camper's Name _____ Birth date _____ Gender: f m

Prefers to be called: _____

Home Address _____
and street _____ citystate _____ zip _____

Parent or Guardian _____ telephone (day) _____ (eve) _____

Insurance Carrier Name _____

Insurance Group ## and Policy ## _____

Relative/Other Responsible Party _____ telephone (day) _____ (eve) _____

II. PRESENT, OR CONTINUING HEALTH PROBLEMS:

If your child takes ANY prescription or non-prescription medication such as for allergies, menstrual cramps, etc. list it here and send the medication with your child if you think it will be needed. Appropriate camp personnel will administer all medication, with the exception of insulin, inhalers, bee sting medications and other medication or a device used in the event of life threatening situations. The parent or guardian must complete the section below for ALL medications (prescription and nonprescription, including Tylenol, ibuprofen, Sudafed, etc.). All medication should be properly labeled with the camper's name and specific dosage as prescribed by his/her physician. The medication will be stored in the Head Counselor's office. Please do not pack any medications in your child's luggage.

I hereby authorize administration of the following medication(s) listed below to my child by WASC camp staff:

Name of Medication(s)	What is this medication for?	Dosage	Prescription yes no	Administration Instructions (time to be taken, etc.) must be taken how often or as needed only.
			yes no	
			yes no	
			yes no	
TYLENOL/ADVIL - Please do not send these with your child, They will be provided by the WASC.				
SIGNATURE-PARENT OR GUARDIAN			Date Signed	

List any special instructions or additional information regarding the medication that would be helpful to the Health Care Staff.

III. IMMUNIZATION DATES

Tetanus _____ Measles _____ Mumps _____ Rubella _____

IV. PAST HEALTH TREATMENT - Answer YES or NO to the following, and briefly explain all yes answers under remarks. Has the student been treated for:

Heart condition _____ Allergies _____
 Fainting or dizzy spells _____ Convulsions _____
 Diabetes _____ Does he/she wear Contact Lenses? _____
 Bleeding disorder _____ Other _____

REMARKS: _____

Describe any limitations or restriction of camp activities: _____

Any special physical conditions that we need to be aware of regarding your child's participation in this camp (include circumstances when physician should be notified) _____

V. EMERGENCY AND NON-EMERGENCY MEDICAL-AUTHORIZATION AND LIABILITY RELEASE

I hereby authorize the WASC Staff to provide non-emergency care to my child as needed. In addition, I authorize the emergency center physician and/or the physician on call, and the hospital staff itself to order any surgical or medical-treatment, blood transfusions, anesthesia, or medication they may deem advisable for emergency care and treatment with the exception of _____.

(if acceptable as stated, write "NONE" or leave blank) while my child is attending the WASC Summer Camp at Edgewood College and/or the Bishop O'Connor Center in Madison.

Signature of parent or guardian

Date:

I certify that to the best of my knowledge the above information is true and correct, and the student can safely participate in the WASC Leadership Summer Camp held on the Edgewood College and/or Bishop O'Connor Center in Madison.

Furthermore, as parent/guardian of a participant in the camp, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless; and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin system, the Wisconsin Association of School Councils, Inc. and the Edgewood College and/or the Bishop O'Connor Center in Madison, their officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the camp.

Participant name - please print

Signature of Parent/Guardian

Date

Address

WASC EVENT FORM
STUDENT PARTICIPANT COMMITMENT FORM

Dear Parent or Guardian:

We are delighted that your son or daughter will be attending the Wisconsin Association of School Councils, Inc. (WASC) program. Because we wish to ensure the safety of your child, as well as other participants, we have developed the following behavioral expectations.

All delegates are expected to:

1. **Wear the name badge to and throughout all program activities.**
Name badge must be worn in the front portion of the shirt.
2. **Attend all sessions at the designated times and places.**
3. **Always display the appropriate mode of attire and behavior that is representative of any student leadership position.** Students may dress casually, but appropriately. They must not bring controversial clothing to the conference.
 - *Controversial clothing includes:* spaghetti strap or strapless tops; short shorts; crop tops; cut out or frayed clothing; bathing attire (except at a pool); clothing with ads for alcohol, tobacco, drugs, or with profanity, sexual pictures, or inference to these items. Under garments shall not be visible. The wearing of hats in a building is prohibited during any conference activity. Students wearing prohibited apparel will be asked to change. **Shirts and shoes must be worn at all times.**
 - Use of electronic devices, including cell phones, headphones and hand-held games is prohibited during any meeting, activity, or general session.
4. **Delegates at Edgewood College** may have an opportunity to leave campus with an adult counselor to visit the Madison Zoo or the nearby beach.
5. **Respect the rights and safety of others.** Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisers, presenters, and guests. Therefore, the following behavior will not be allowed: talking during presentations, interfering with delegate/staff members' ability to participate, or creating an intimidating, harassing, hostile, or offensive environment.
6. **Inform an adult if a problem arises.** The safety and well being of all student delegates attending this event is of utmost importance. For this reason, if at any time during the program an incident occurs that makes the student feel threatened, harassed, or intimidated, he or she should tell the adviser or a WASC staff member
7. **Stay only in their assigned rooms** after the **"lights out"** time.

8. **Understand that the use of alcohol, tobacco products, or illegal drugs as well as the possession of any type of weapon play or real, is strictly prohibited.** Any student found possessing or under the influence of any illegal drug or alcohol, or possessing a weapon will be expelled from the event and sent home immediately at his/her expense. The state office will notify the student's school principal and parents of the infraction as well as the local authorities.
9. **Respect the property of others.** Students are not to take objects from conference areas or any other property visited. Theft and vandalism will not be tolerated.
10. Please understand that during the event photos and/or videos will be taken of delegates and their image may be used by the WASC for WASC promotional materials.

Violation of any of these expectations may result in your student being sent home at his/her expense. (Of course, we would much prefer that everyone have an exciting and safe conference!) We appreciate your support of your child's involvement in leadership development.

Your signatures below indicate that you have read and discussed the above guidelines with your student and are in agreement with these expectations.

Furthermore, as parent/guardian of a participant in the camp, I hereby state that I am aware of and accept the risk inherent in the program activity. I do hereby agree to hold harmless; and indemnify the Wisconsin Association of School Councils, Inc. their volunteers, officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my dependent in the course of the camp.

Thank you!

Parent/Guardian Signature

Parent/Guardian Name (please print or type)

Camp Level Attending

Student Signature

Student Name (please print or type)

Students Email Address
(please type or print neatly)

Home Address

City, State, Zip Code

PLEASE TURN THIS SIGNED FORM IN AT REGISTRATION