

Teen Leaders of America and U-Turns, Inc.

Student Health History Record

This is to be completed and signed by parent/guardian of student.

To the parent/guardian:

The health of the student is primarily the responsibility of the parents or guardians. Teen Leaders of America strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as far as possible, that the participant is physically able to take part in activities.

STUDENT NAME: _____

Family Physicians _____
Name _____

Student's Full Address _____ Physician's Full Address _____

Phone Number _____ Physician's Phone Number _____

Student's Birthday _____

Parent/Guardian's Full Name _____ Family Medical/Hospital Insurance Carrier
Policy Number _____

Part 1: Illnesses and Injuries (Circle those that apply and give appropriate detail in Part 5)

Chronic or recurring Illnesses

Ear Infections Bleeding/Clotting Disorders Hypertension
Asthma Heart Defect/Disease Musculoskeletal Disorder
Seizures Diabetes
Other: _____

Were any complication medical problems noted in last health exam? If yes, please describe:

If your child needs any medications while attending this program, please indicate the medicine, dosage and times to be given in space provided below (part 6). All medications must be in their original containers. Your signature here authorizes the adult in charge to administer such medications as indicated.

Signature _____

Part 2: Allergies (Circle all that apply and specify nature of allergic reaction.)

Animals Hay Fever
Pollen Food
Drugs Insect Stings
Plants Other (specify)

Part 3 Immunizations

Are all of the Student's immunizations up to date?

YES NO (If not, please explain in Part 5)

Date of last: DPT _____ Tetanus _____

Part 4: Other Health Conditions

(Check those that apply)

Bed Wetting _____ Emotional Disturbance _____
Fainting _____ Hearing Impairment _____
Constipation _____ Dental Appliances _____
Nosebleeds _____ Sleep Disturbances _____
Motion Sickness _____ Special Dietary Needs _____
Wears glasses or contacts _____ Menstrual Cramps _____
Sickle Cell Trait or Disease _____
Other (specify) _____

Part 5: Notes (Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)

Part 6: Medications Directions: Please give detailed directions for any medications to be given to your child. Include dosage and times

I know of no reasons(s) other than the information on this form, why my child should not participate in activities.

Signature of Parent/Guardian

ADDITIONAL NOTES (IF ANY):

Teen Leaders of America and U-Turns, Inc.

Parent Authorization for Medical Emergency Treatment

Sign **ONE** section only

In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of Teen Leaders of America to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Students Name _____

Signature of Parent Guardian: _____

Address _____

Phone _____ Date _____

(Sign only if you decline to sign release above)

I have been offered the opportunity to authorize emergency medical care as set forth in the above and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.

Student's Name _____

Signature of Parent/Guardian: _____

Address _____

Phone _____ Date _____

Teen Leaders of America and U-Turns, Inc.
Program Liability Form

This signed agreement officially absolves Teen Leaders of America of any and all liability from any accidents or injuries resulting from you or your child's participation in any event and travel to and from any event.

Furthermore, it is understood that any and all medical expense incurred due to injuries sustained at a project or event organized by Teen Leaders of America is the sole responsibility of the participant in the event(s).

This is inclusive of pre-existing conditions which may become aggravated due to you or your child participation in any event(s).

It is also understood that no legal action will be brought against Teen Leaders of America or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any session or events held by Teen Leaders of America.

Parent/Guardian's Authorization (PLEASE PRINT)

As a parent /guardian of _____, I request he/she attend Teen Leaders of America and take part in all activities. In case of emergency the program coordinator has my permission to give minor first aid or take my child to an emergency treatment facility.

I, (parent/guardian) _____, further request the program coordinator or other program volunteer call a physician for medical care for my child, (child's name) _____, should an emergency arise. I understand that the program staff will make a conscientious effort to locate me via the telephone number provided at top as well as attempting to contact me at _____, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

By signing your name, you are stating that you have read, fully understand and are in agreement with this waiver.

Signature or Parent/Guardian

Date

**Teen Leaders of America
U-Turns, Inc.
Activity Code of Conduct**

I understand that my attitude and behavior are central to the success of this activity sponsored by Teen Leaders of America. Therefore, for the good of this activity, as well as for my fellow group members, and myself I agree to abide by the following:

1. I will **cooperate** with the adult in charge. I will be sensitive to the needs of each participant.
2. I will **respect** the people and places with which I come in contact.
3. I will participate in all required activities & discussions, **be on time** for all scheduled activities, be open to new ideas, inform adults of my whereabouts at all times, and return to/ remain in my assigned area. **I will always take a buddy with me wherever I go.** In the event I must miss an event, I will contact **Camp Manager – _____** at least 24 hours ahead of the activity. In cases where my Camp Manager cannot be reached, please call **Teen Leaders office.**
4. I **understand** that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs will not be tolerated. Such usage during the activity will result in immediate dismissal from the activity.
5. I will **remember** that I am a member of a program sponsored by Teen Leaders of America, and I must abide by a high standard of conduct. My behavior will reflect the high values and expectations for conduct described in this code of conduct.
6. I will be **responsible** for my personal belongings and equipment and will label all. I will not hold Teen Leaders of America or any other individual or program provider responsible for my loss or damage due to my negligence.
7. I will treat property provided by Teen Leaders of America and/or an outside provider with care. I understand that I will be assessed for damages to such property in the event that my use of it is negligent or abusive.
8. I will **observe all safety regulations** established for programs, recreational and personal activities. I am sure that my registration information is correct, including all known allergies, dietary considerations, and routine medicines. I will report immediately all injuries or illnesses to the adult in charge of the activity.
9. I understand that I will receive **two warnings** for unacceptable behavior. After two warnings, my parent/guardian will be called. I understand if I am sent home early due to any misconduct, it will be my parent's responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent's responsibility.

Student Signature _____ Date _____

I understand and agree with the above responsibilities fully accepted by my child/ ward. Should it be necessary, I will provide transportation for my child/ ward regardless of the time of day or night. I will not hold Teen Leaders of America or its members responsible if my daughter/ ward is sent home early due to misconduct. I have provided accurate health and medical information about my child/ ward.

Parent/ Guardian _____ Date _____

**TEEN LEADERS OF AMERICA and U-TURNS, INC.
ADVERTISING AND MARKETING DISCLAIMER**

Teen Leaders of America (TLA) may take photos and create video footage during activities and events. Photos and footage may include pictures of students, parents, workshop presenters, vendors and staff. TLA reserves the right to use photos in marketing/advertising materials such as brochures, website, flyers, etc.

TLA requests that all presenters, parents and staff sign this form.

Signature: _____

Printed Name: _____

Relationship with TLA:

Workshop Presenter ____

Staff ____

Parent ____

Other ____