

= required field

**DO NOT FILL THIS FORM OUT IN YOUR  
BROWSER-SAVE TO COMPUTER FIRST**



## Penn State University Youth Program Health Services Medical Treatment Authorization

*This form must be completed and returned before youth camp/program/event enrollment dates in order for youth to be permitted to participate in any program activities.*

### Personal Information

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ ☐ M ☐ F  
Specify program your child will be attending \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Plan Number \_\_\_\_\_ Is physician authorization needed? ☐ Yes ☐ No  
Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

### ***In case of emergency, please notify***

If neither parent nor guardian is available in an emergency, please contact:

1. \_\_\_\_\_ Phone \_\_\_\_\_  
2. \_\_\_\_\_ Phone \_\_\_\_\_

### Health History [Please check and provide approximate dates that youth suffered from allergies and other conditions listed below]

#### Allergies

☐ Hay Fever ☐ Bee/Wasp Stings ☐ Insect Stings ☐ Penicillin ☐ Peanut ☐ Other Food/Drugs: \_\_\_\_\_

#### Other

☐ Asthma ☐ Diabetes ☐ Convulsions ☐ Concussion ☐ Behavioral/Emotional ☐ Other: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Please list any **major** past illnesses (contagious and non-contagious): \_\_\_\_\_

Please list any **major** operations or serious injuries (include dates): \_\_\_\_\_

Has the youth ever been hospitalized? \_\_\_\_\_

Does the youth have any chronic or recurring illness? \_\_\_\_\_

Is there anything else in youth's health history that the program staff should know? \_\_\_\_\_

Are there any activities from which the youth should be restricted? \_\_\_\_\_

Are there any specific activities that should be encouraged? \_\_\_\_\_

Does the youth have any special dietary restrictions? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

Does the youth wear any medical appliances (glasses, contact lenses, orthodonture, etc.)? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

Will the youth need to take any medication during the program? ☐ NO ☐ Yes

***If YES, please list the specific prescription or over-the-counter medications below, reasons for medication, and daily dosage. If any medications change prior to arriving at the program, please provide an updated list upon arrival.***

Medication	Reason(s) for Medication	Daily Dosage/Time(s) Taken
1		
2		
3		
4		

If at all possible, medication should be administered at home. Medications will be allowed at the Youth Program only when failure to take such medicine would jeopardize the health of a child and he/she would not be able to attend the Youth Program if the medicine were not made available.

## Penn State University Youth Program Health Services Medical Treatment Authorization Page 2

Youth's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ ☐ M ☐ F

The parent(s)/legal guardian(s) of Youth Program participants are required to disclose their intention to bring medications to the Program, especially to treat potentially life-threatening conditions (i.e. inhalers, EPI-pens, insulin injections). Upon arrival to the Program, parent(s)/legal guardian(s) should plan to meet with a member of the Youth Program staff at registration to review medication issues for a Youth Program participant and complete additional required paperwork if not completed prior to arrival. For identification purposes, a current picture of the child is to be provided upon registration.

All medications (prescription and over-the-counter) must be stored in the original product packaging and clearly labeled with the participant's name. Prescription medication(s) must also include a label with the medication's name and dosage instructions, as well as the prescribing physician's name and telephone number.

All medications will be kept in a securely locked cabinet used exclusively for storage of medications. Medications that require refrigeration will be stored and locked in a refrigerator designated for medications **ONLY**. Access to all medications will be limited to approved personnel. The need for emergency medication may require that a Youth Program participant carry the medication on his/her person or that it be easily accessed (i.e. inhalers, EPI-pens, insulin injections). Penn State Youth Program staff will **NOT** purchase medications of any type (prescription or over-the-counter) for Youth Program participants of any age.

If a Program has professional medical staff on-site, then the medical staff may administer over the counter medications (e.g., ibuprofen or Tylenol) supplied by the parent(s)/guardian(s) per package instructions. Medical staff may monitor the self-administration of medications, if necessary, upon written consent of the parent(s) and/or legal guardian(s) and/or physician orders.

If there are no medical staff on-site, Penn State Youth Program staff will not dispense medications, but may monitor the self-administration of certain medications if necessary, **ONLY** upon written consent of the parent(s)/legal guardian(s) and /or physician's orders.

It is NOT permissible for a participant to share any medications with any other participants.

It is the responsibility of the parent(s)/legal guardian(s) to be sure that the participant's medications brought to the Youth Program are not left behind at the end of the Program. Failure to do so will result in the medications being destroyed within three working days after the participant's last day at the Program. Absolutely no medications will be returned via mail regardless of circumstance.

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I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program. I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during the Youth Program/event.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill if a claim can't be submitted by the University Health Services to my private insurance. As applicable, I may be responsible to submit any claims to my health insurance company for reimbursement. I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

I understand that, unless specifically stated otherwise in the Penn State Youth Program/event literature, The Pennsylvania State University does not provide medical insurance to cover emergency care or medical treatment of my child.

I understand that, in accordance with Youth Program policy, the medication(s) should be given at home before and/or after the Youth Program. However, when this is not possible, and medications will be brought to Youth Program camp, I agree to the provisions outlined above relating to the management of medications.

### HIPAA

Penn State honors the privacy of the participants in its Programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of Privacy Practices.

<http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml>

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Parent/ Legal Guardian Name (please print)

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Parent/ Legal Guardian Signature

\* Terms and Conditions agreed to via electronic signature

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

*Revised January 21, 2015*



**PennState**

### **Liability and Media Release**

I/we, the undersigned, individual and as parent(s) and or legal guardian(s) of \_\_\_\_\_, a minor, give permission to participate in the **Discovery Summer Camp(s)** sponsored by the **Office of Continuing Education** of The Pennsylvania State University located at the **Berks College (Reading, PA)** on (insert dates) \_\_\_\_\_. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its trustees, officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of my child's participation in the the **Discovery Summer Camp(s)**.

I/we ☐grant ☐ do not grant (check one) permission to The Pennsylvania State University and its agents or employees to use photographs and/or video taken of my child from this event for use in promotional and educational materials and to use such photographs/video in electronic versions of the same publications or on Penn State Web sites or other electronic forms of media, and to offer them for use or distribution in other non-college publications, electronic or otherwise, without notifying me. I hereby agree to release, defend, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

**Parent (s)/Legal Guardian(s):** I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Print Name of Parent or Legal Guardian:\_\_\_\_\_

Signature of Parent or Legal Guardian:\_\_\_\_\_

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

### **Emergency Contact Information for Participant**

Name and Relation to Participant:\_\_\_\_\_

Cell Phone:\_\_\_\_\_ Home Phone:\_\_\_\_\_



## INTERNET ACCESS CONSENT AND WAIVER FORM

*The following form must be read and signed by the participating student and your parent or legal guardian*

**Student:** By signing this Consent and Waiver form, I \_\_\_\_\_ (print name) and my parent(s) or guardian(s) agree to abide by the restrictions stated below. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

Parent(s) or Guardian(s): I have been advised that The Pennsylvania State University (the "University") does not have control of the information available through the Internet or other electronic data sources. Sites accessible via the Internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, sexually explicit, or potentially offensive to others. While the University's intent is to make Internet access available to further the educational goals and objectives of its summer programs, students will, without sanction of the University, have the ability to access materials that are not part of the program curriculum.

The student and his or her parent(s) or guardian(s) must understand that student access to the University's network supports the University's educational responsibilities and mission. The University makes no warranties with respect to the University's network service, and it specifically assumes no responsibilities for:

- A. The content of any advice or information received by a student from a source outside the University, or any costs or charges incurred as a result of seeing or accepting such advice.
- B. Any costs, liability, or damages caused by the way the student chooses to use the University's network.
- C. Any consequences of network service interruptions or changes.

By signing this Consent and Waiver form, I (student) agree to the following terms:

- 1. My use of the University's network must at all times be consistent with the University's "Computer and Network Security" policy, a copy of which is available at: [Guru Policy AD20](#).
- 2. I will not use the University's network for illegal purposes of any kind.
- 3. I will not use the University's network to transmit threatening, obscene, or harassing materials. The University will not be held responsible in any way if I participate in such activities.
- 4. I will not use the University's network to interfere with or disrupt network users, services, or equipment. Disruptions include but are not limited to distribution of unsolicited advertising, propagation of computer worms and viruses, and using the network to make unauthorized entry to any other machine accessible via the network.
- 5. I understand that the use of the University's network is a privilege and not a right, and that inappropriate use of the University's network will result in the immediate cancellation of my privilege to use it.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Representative (Please Print)

\_\_\_\_\_  
University Rep. Signature

\_\_\_\_\_  
Date

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*For Official Use Only*

Group ID \_\_\_\_\_

User ID Issued \_\_\_\_\_



## ***Proof of Identity of a Minor Form***

The purpose of this form is to provide a means by which a parent or guardian can attest to the identity of a minor (an individual who is under 18 years old). In the event that the parent/guardian cannot accompany the minor, this form provides a way for Penn State to affirm the minor's identity. The minor's identity must be verified at the time he/she is issued a Penn State Short Term Access Account (STAA).

<b><i>Student Information</i></b>		
Last Name	First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age
<b>Height</b> _____ Feet      _____ Inches		Hair Color: _____  Eye Color: _____

<b><i>Parent/Guardian Information</i></b>				
<b>Your relationship to the minor</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian				
Last Name	First Name	Middle Name		
<b>Home Address</b>				
Street Address	City	State	Zip Code	Country
<b>Photo Identification Type</b> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Visa <input type="checkbox"/> Military Identification  ID Number: _____ ID Expiration Date: _____				

By signing this form, I affirm that the information shared on this form is true and correct.

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

Date \_\_\_\_\_



## **Penn State Berks Code of Student Conduct**

Students at Penn State Berks are expected to conduct themselves in a manner supportive of the education mission of the institution. Integrity, respect for the person and property of others, and a commitment to intellectual and personal growth in a diverse population are values deemed fundamental to membership in this University community. Penn State Berks considers the following behavior, or attempts thereof, by any student, whether acting alone or with any other persons, to violate the Code of Student Conduct.

1. Physical harm or threat of physical harm to any person (s), including, but not limited to assault, sexual abuse, or other forms of physical abuse.
2. Harassment, whether physical or verbal, oral or written, which is beyond the bounds of protected free speech, directed at a specific individual(s), easily construed as “fighting words,” and likely to cause an immediate breach of the peace.
3. Conduct which threatens the mental health, physical health, or safety of any person(s) including, but not limited to hazing, drug or alcohol abuse, and other forms of destructive behavior.
4. Academic dishonesty, \* including but not limited to plagiarism and cheating, and other forms of academic misconduct, for example; misuse of academic resources or facilities, or misuse of computer software, data, equipment, or networks.
5. Intentional disruption or obstruction of lawful activities of the University or its members including their exercise of the right to assemble and to peaceful protest.
6. No pets or damage to personal or University property or services or illegal possession or use of the same.
7. Unauthorized entry, use or occupation of University facilities that are locked, closed, or otherwise restricted as to use.
8. Disorderly conduct including but not limited to public intoxication, lewd, indecent or obscene behavior, libel, slander, and illegal gambling.
9. Illegal manufacture, purchase, sale, use, possession, or distribution of alcohol, drugs, or controlled substances, or any other violation of the Pen State Policy of same.
10. Failure to comply with the lawful directives of University officials who are performing the duties of their office, especially as they are related to the maintenance of safety or security.
11. Unauthorized possession or use of any weapon, including firearms, BB-guns, air rifles, explosive devices, fireworks, or any other dangerous, illegal, or hazardous object or material, and improper use as a weapon of any otherwise permitted object or material.
12. Interference with or misuse of fire alarms, blue lights, elevators, or other safety and security equipment or programs.



## Summer Camp Berks Code of Conduct Acknowledgement

I hereby acknowledge that I have read, understand, and will abide by the Code of Student Conduct as stated on the preceding page. Failure to abide by the Code of Student Conduct will result in disciplinary action.

- 1<sup>st</sup> step: Camp staff and camper discussion regarding infraction;
- 2<sup>nd</sup> step: Camp Staff and student in conference call/meeting with parent/guardian; call in police services if necessary;
- 3<sup>rd</sup> step: Call from Camp staff informing parent that child has been dismissed from camp and that parent/guardian must immediately pick up child. There will be no refund on camp tuition nor reimbursement for travel expense.

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Student Name (please print)

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Parent/Guardian Name (please print)

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Student Signature

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Parent/Guardian Signature

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Date

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Date