



## The Pennsylvania State University Youth Program Consent for Treatment

*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? ? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

Does the youth have any chronic or recurring illness? ? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

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? ? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

Are there any specific activities that should be encouraged? ? ☐ NO ☐ Yes If YES, explain: \_\_\_\_\_

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.

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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 at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State University Health Services) or other licensed health care practitioners, 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 is 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 Penn State University Health Services staff or other licensed health care practitioners to perform any necessary emergency treatment.

I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by Penn State, I understand that the University charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize Penn State 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, Penn State does not provide medical insurance to cover emergency care or medical treatment of my child.

I understand that, in accordance with Youth Program policy, any 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.

**Medical and Related Health Information** Penn State is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used as Penn State deems necessary to provide services for your child while participating in the Youth Program. Information will be stored, archived, and disposed of according to Policy AD35, University Archive and Records Management and Policy AD95, Information Assurance and IT Security.

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Parent/Legal Guardian Name (Please Print)

Parent/Guardian Signature

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Date

\*Terms and Conditions agreed to via electronic signature

*Revised May 10, 2018*



**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

\_\_\_\_\_, sponsored by Penn State Hazleton Continuing Education of The Pennsylvania State University located at 76 University Drive, Hazleton PA 18202 on (dates of camp) \_\_\_\_\_. 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 Penn State Hazleton Summer Youth Camp.

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: \_\_\_\_\_



**Penn State University Youth Program**  
**COMMUTER DROP-OFF AND/OR PICK-UP AUTHORIZATION FORM**

For the safety of your child, we must have on file, a written authorization/permission form from the legal parent/legal guardian, of all persons permitted to pick-up your child. You may add or delete names in writing at any time.

<b>CAMPER NAME:</b>	<b>DATE OF BIRTH:</b>
<b>CAMP/PROGRAM/EVENT:</b>	

NAMES OF PEOPLE INCLUDING PARENT/LEGAL GUARDIAN THAT HAVE PERMISSION TO DROP-OFF AND/OR PICK-UP YOUR CHILD

<b>ADULT NAME:</b>
<b>PHONE NUMBER:</b>

<b>ADULT NAME:</b>
<b>PHONE NUMBER:</b>

<b>ADULT NAME:</b>
<b>PHONE NUMBER:</b>

<b>ADULT NAME:</b>
<b>PHONE NUMBER:</b>

The above individuals will be asked to verify their identity by showing an official picture ID before your child will be released to their care.

<b>Parent/ Legal Guardian Signature:</b>
<b>Date:</b>

If there are any legal issues we should be aware of, please provide us with an updated court document stating such. We will abide by legal documents only when dealing with children and custody issues. Otherwise either parent has equal rights to their child. Personal information about camp participants is considered confidential and may not be shared outside of camp. This includes the identity of campers, any demographic information, medical information and any other personally-identifiable data about any individual or group of campers. If you have any additional questions please call or email \_\_\_\_\_.

Special Instructions:

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## Penn State University Youth Program Field Trip Parental Permission Form

The [Program Name] youth program is planning a field trip. Please review the following trip details and complete, sign, and return the bottom portion of this form to the Program Director no later than [due date].

<b>Youth Name:</b>	<b>Date of Birth:</b>
<b>Camp/Program/Event:</b>	
<b>Field Trip To:</b>	
<b>Date of Trip:</b>	<b>Time and Place of Departure:</b>
<b>Mode of Transportation:</b>	
<b>Leader in Charge:</b>	<b>Phone:</b>
<b>Cost of Trip:</b>	<b>Youth Should Bring:</b>

Detach below and return to Program Director



<b>Youth Name:</b>	<b>Date of Birth:</b>
<b>Camp/Program/Event:</b>	<b>Field Trip To:</b>

My above named child has my permission to participate in the [name of field trip] field trip on [date]. I also give my permission to [name of driver/transportation company] to transport my child to, from and during this activity.

**Emergency Contact Information:**

<b>Parent/Legal Guardian #1</b>	<b>Parent/Legal Guardian #2</b>
<b>Daytime Phone</b>	<b>Daytime Phone</b>
<b>Mobile Phone</b>	<b>Mobile Phone</b>

If I/we cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

<b>Name</b>	<b>Relationship to youth</b>
<b>Daytime Phone</b>	<b>Mobile Phone</b>

<b>Parent/Legal Guardian Signature:</b>
<b>Date:</b>



## Penn State University Youth Program Permission to Walk/Bike/Drive Home Self Check-Out Authorization

For the safety of your child, we must have on file, a written authorization/permission form from the parent/legal guardian, permitting your child to walk/bike/drive to and from to and from the program.

<b>YOUTH NAME:</b>	<b>DATE OF BIRTH:</b>
<b>CAMP/PROGRAM/EVENT:</b>	

Please note that this permission slip grants permission for the child to leave camp without adult supervision. For your child's safety campers may walk home, bike home, drive home or wait at a bus stop unsupervised only when a permission slip is signed, dated by parent/legal guardian, and is on file at the Penn State Youth Program identified above . Campers will only be released at the scheduled program ending time, or at another time designated to the program in writing or in person by the parent/legal guardian. If the Penn State Youth Program identified above does not have this slip, your child will not be released without authorized adult supervision. You will be called to pick him/her up from camp.

My child will: (circle all that apply) Walk / Bike / Drive/ Use Public Transportation

To the Program:                Sunday/Monday / Tuesday / Wednesday / Thursday / Friday / Saturday/All Days

From the Program:           Sunday/Monday / Tuesday / Wednesday / Thursday / Friday / Saturday/All Days

By signing this waiver, I authorize my child (listed above) to walk, bike or drive to and/or from the Penn State Youth Program identified above. This includes permission to walk home from the camper's regularly scheduled bus stop and includes waiting at the bus stop unsupervised if you have signed your child up for public transportation.

<b>Parent/ Legal Guardian Signature:</b>
<b>Date:</b>

Special Instructions:

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Personal information about camp participants is considered confidential and may not be shared outside of camp. This includes the identity of campers, any demographic information, medical information and any other personally-identifiable data about any individual or group of campers. If you have any additional questions please call or email \_\_\_\_\_.