

**Parental Consent/Medical Form/
Code of Conduct (Page 1 of 3)
Camp John Hope FFA-FCCLA Center
Required for all campers at check-in
(No camper will be allowed to check in
without all three pages completed)**

Chapter: _____

Advisor: _____

Student: _____

Male _____ Female _____ T-Shirt Size _____

The Undersigned, Being a Parent or Guardian of _____ (insert name of minor) releases its representatives, agents, servants, and employees from liability for any injury to said minor, resulting from any cause whatsoever occurring to said minor at any time while attending Camp John Hope FFA-FCCLA Center, including travel to and from camp and any field trips, excepting only injury or damage resulting from willful acts of such representatives, agents, servants and employees. Camp John Hope FFA-FCCLA Center is also released of any expenses resulting from the injury.

Your child will have the opportunity to participate in optional activities including ropes course and shooting sports. The Center will provide trained staff who will conduct these activities in the safest manner possible. Due to the risks involved, you may choose not to allow your child to participate in these activities. .

Please check activities which your child may **NOT** participate in:

- _____ **Low Ropes Course**
- _____ **Paintball Course**
- _____ **Shooting sports**

If you do not check these activities, then you give permission for your child to participate in these activities

This event is a school function. Students and parents are expected to be familiar with all school policies and camp policies. To protect the safety of all students, Camp John Hope FFA-FCCLA Center has no-tolerance policies that could immediately result in students being sent home. These policies include but are not limited to:

1. Use of violence or possession of weapons
2. Use of alcohol or drugs
3. Entering the cabin of the opposite sex
4. Being outside the cabin after curfew

Parents or guardians of students who violate policies will be notified to pick up their child.

During their stay, we may take pictures of students that will be used for camp promotional material.

In the event The Center does not have a nurse on staff, campers will be sent to Peach Medical Center if necessary. The camper fee includes a small insurance policy that will cover illness and injury that occur while at Camp John Hope FFA-FCCLA Center. This will be primary insurance for the student; medical fees above the maximum limit or fees denied by our insurance will be the responsibility of the parent or guardian.

Parent/Guardian Signature _____ **Date:** _____

TEACHERS: If possible, please reproduce this form on front and back for ease of handling. No camper will be allowed to check in without all three pages. We suggest that you make a copy for your information and for transportation.

Parental Consent/Medical Form/Code of Conduct (Page 2 of 3)

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1. Student Name _____ Chapter _____
2. Complete Address _____
3. Date of Birth _____
4. Name and Phone Number of Family Physician _____
5. Health Insurance Company _____ Policy Number _____
6. **LIST ALL ALLERGIES:** _____
7. **LIST ALL CURRENT MEDICATIONS:** _____

NOTE: ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE!

8. Student's Health History: (heart condition, diabetes, asthma, any injuries) _____

If you have ever been diagnosed with asthma by a physician and have ever had medication including tablets, nebulizers, or inhalers, you MUST bring such treatment with you to camp or you will not be allowed to register!!

9. Any restrictions/medical conditions the nurse needs to be aware of: _____
10. Year of last immunization/immunity: Tetanus _____ MMR _____ Hepatitis _____
Varicella/Chicken Pox _____

11. In case of an emergency, provide contact information so that you can be notified at all times.

In case of an emergency, contact: _____

Relationship to the student: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

12. Secondary contact if above person can not be contacted.

Contact: _____

Relationship to the student: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

13. Please **WRITE YES OR NO** to the following medications your child **may** or **may not be given**:

Tylenol _____ Ibuprofen _____ Pepto Bismol _____ Tums _____ Sudafed _____ Benadryl _____

Maalox _____ Immodium _____ Tussin Cough Syrup _____ Glucose Tabs _____ Visine _____

Neosporin _____ Hydrocortisone cream _____

I have read and understand the statements in this release form. I understand that should a health problem arise, I will be notified but if I cannot be reached by telephone I consent to emergency medical treatment, which may include surgery for my child as deemed necessary by competent medical personnel. I also consent to the release of information for insurance purposes.

Parent/Guardian Signature _____ **Date:** _____

Parent/Guardian (Please Print) _____

Parental Consent/Medical Form/Code of Conduct (Page 3 of 3)

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Student: If you agree and are willing to comply with all of the expectations of the Code of Conduct and Camp John Hope FFA-FCCLA Center Events and Programs, please sign at the bottom of the page.

Parent/Guardian: Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct in regards to your child.

As an FFA or FCCLA Member attending events at Camp John Hope FFA-FCCLA Center, I agree that:

- I understand that I am attending a an event at Camp John Hope FFA-FCCLA Center and will conduct myself in a manner that positively represents me, my school, my chapter, and my organization.
- I understand that an event at Camp John Hope FFA-FCCLA Center is a school event, so school policies apply. If there is a discrepancy between school policies and camp policies, the strictest rule will apply.
- I will participate in the camp program, display a positive attitude, and conduct myself appropriately at all times.
- I will respect all campers, advisors, and staff. I will follow instructions from all adults and camp staff.
- I will not use a cell phone during camp programs and activities.
- I will follow the dress code.
- I will not enter a cabin of the opposite sex or be on the wrong side of the camp.
- I will not enter any other cabins or buildings that they I am not assigned to.
- I will remain in my assigned cabin after curfew.
- I will not bring highly valuable items to camp. If I do bring valuables, I accept full responsibility for those items.
- I will not use language or behavior that is obscene, violent, or racially or sexually inappropriate.
- I will not use tobacco products, alcohol and/or drugs.
- I will not use firearms, weapons, pocket knives and/or firecrackers.
- I will not bring skateboards, scooters, or roller blades.
- I will respect camp property by keeping the facilities clean, not creating graffiti, and not using items such as water balloons, shaving cream, and toilet paper for destructive purposes. I accept responsibility for damages I cause.

I understand that failure to meet with these standards will result in these steps:

1. I will call my parents/guardians and report my conduct not in compliance with these guidelines.
2. At the Director's discretion, this may result in my parents/guardians arranging transportation home.
3. My school's administration may take further disciplinary action.
4. My chapter will be billed for damages that I cause.

I also understand that if I fail to follow no-tolerance policies, including but not limited to use of violence or possession of weapons, use of alcohol or drugs, entering the cabin of the opposite sex, being outside the cabin after curfew, or harassment of another camper or staff, then the following steps may be taken:

1. I will be removed from the facilities.
2. Law enforcement will be contacted.
3. A letter will be sent to my school administrator.
4. I will be suspended from all activities at FFA-FCCLA Centers for up to 18 months.

Student Commitment:

I have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of other campers. I understand the consequences of failing to meet these guidelines.

Name of Student: _____

Chapter: _____

Signature of Student: _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____