

2021 Penn State 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 **Boys Lacrosse Free Clinics September 14, September 22, September 28**
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.

Youth's Last Name _____ First Name _____ Birthdate _____ M F

Head Injury

Penn State Sport Camps staff will manage head injuries, including suspected concussions, conservatively using the 'ABC' (A-Assess the situation, B-Be alert for signs and symptoms, C-Contact a health care professional) recommendation of the Centers for Disease Control and Prevention (CDC). This includes immediate removal of a camp participant from play upon sustaining a head injury and using appropriate field clinical techniques to screen a camp participant for typical signs and symptoms associated with a concussion. Upon presenting with any associated signs and symptoms of a concussion, the Sports Health Care staff will advise a parent/legal guardian/coach that the respective camp participant discontinue play immediately.

Penn State Sports Camps adheres to the notion that a licensed physician with training in managing traumatic brain injury will make the final recommendations and decision regarding returning a camp participant to play after a head injury with suspected concussion. Thus, Sports HealthCare personnel will NOT make such decisions.

Penn State Sport Camps advocates that parents/legal guardians, coaches/administrators and camp participants alike review the CDC 'Heads Up' concussion training online tutorial at <http://www.cdc.gov/concussion/headsup/training/headsupconcussion.html> BEFORE attending related events on campus. Sport Camps also mandates that parents/legal guardians, coaches/administrators and camp participants review the corresponding 'Heads Up' fact sheet for parents, coaches and athletes (camp participants) respectively.

- 'Heads Up' Fact Sheet for Parents http://www.cdc.gov/concussion/pdf/parents_Eng.pdf
- 'Heads Up' Fact Sheet for Coaches http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf
- 'Heads Up' Fact Sheet for Athletes http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf

I understand that all Youth Program participants are recommended to have a meningococcal vaccination prior to attending the program.

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 hereby authorize the clinical staff at The Pennsylvania State University ("Penn State" or the "University") (e.g., clinical staff at Penn State's 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.

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.

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. If there are any changes to your child's health, please contact the youth program.

Codes of Conduct

I understand that my child will be subject to the rules and standards of conduct of The Pennsylvania State University ("Penn State" or the "University") when participating in a University-sponsored program. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of Program Staff or University employee may result in my child's dismissal from the Program.

Liability Release

I the undersigned, individual and as parent(s) and or legal guardian(s) of the above-named child, a minor, give permission to participate in this sport camp sponsored by The Pennsylvania State University/Athletics located at University Park and pursuant to the Acknowledgments set forth above. 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 actions, causes, lawsuits, liabilities, damages, claims, or demands whatsoever on account of any injury, accident, or illness involving the said minor and/or me arising out of my child's participation in this sport camp.

Media Release

I/we grant 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 publications, websites, articles, brochures, books, magazines, newsletters, exhibits, broadcasts, videos, films, social media, advertisements, and training programs in any form now known or later developed. I hereby agree to release, indemnify, and hold harmless The Pennsylvania State University and its agents or employees, including any firm publishing and/or distributing the materials in whole or in part, in any medium, from and against any claims, damages, or liability arising from or related to the use of the photographs/video.

COVID-19 Acknowledgment

By signing below, I agree that as a condition of my child's willing and voluntary participation in programs and activities ("Program") hosted by The Pennsylvania State University ("Penn State"):

- 1. I understand that Penn State has issued rules and precautions which follow, or may in some cases exceed, guidance from the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), and the Pennsylvania Department of Health. I agree that it is my child's sole responsibility to follow these protocols and acknowledge that failure to do so may result in my child's removal from the Program.

As of August 4, 2021, this guidance includes basic health, safety, and sanitation measures (staying home when sick, washing/sanitizing hands often, etc.) in addition to **wearing a face mask while using public transportation or while in any indoor public space at any University location**, including: classrooms of any size, meeting rooms, common areas in residence halls, and all indoor events.

My child must adhere to these protocols regardless of vaccination status.

- 2. My child will not participate in the Program if they are awaiting the results of a COVID-19 test or if, within the 14 days prior, they:
 - i. have been diagnosed with COVID-19;
 - i. have experienced any symptom of illness which may be associated with COVID-19; or,
 - ii. have been in close contact with anyone who has been diagnosed with COVID-19, is awaiting the results of a COVID-19 test or has exhibited any symptom of illness which may be associated with COVID-19.

3. I acknowledge the contagious nature of COVID-19 and my understanding that, even with adherence to all preventative measures, there is risk that my child may become exposed to and/or contract COVID-19. I assume any and all risk of such exposure or infection and acknowledge that it may result in personal injury, illness, severe complications, permanent disability, and/or death.

Sport Camp Release

I have read and understand the refund policy as stated on the website. I have reviewed the Standards of Conduct (https://gopsusports.com/documents/2018/3/29/_psu_genrel_2017_18_misc_non_event__camps18conduct.pdf) with my child, who agrees to follow this code. In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participants.

Parent/Guardian Acknowledgment

I have read and completed this registration prior to 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.

Parent/LegalGuardianName(PleasePrint)

Parent/Guardian Signature

Date

Title IX Policies & Procedures and Reporting Concerns

All Penn State youth programs have policies in place to ensure the safety of youth participating in our programs, activities and services is not compromised. All program staff are trained in emergency protocols and all relevant internal, external, and parental reporting requirements. Title IX prohibits sex discrimination (including sexual harassment and/or sexual abuse) against Youth Participants in any of the University's education programs or activities, including recreational and/or athletic programs or services operated by the University. Please click [here](#) to review the University's Title IX policy and procedures.

To report an incident of suspected sex or gender-based discrimination, please contact Penn State's Title IX Coordinator, using the contact information below:

Chris Harris, Title IX Coordinator
328 Boucke Building, University Park, PA 16802
Phone: (814) 863-0471
Email: cjh41@psu.edu or titleix@psu.edu

or submit the [Online Reporting Form](#).

Parents are encouraged to notify the program director immediately if they, or their child, are experiencing problems, difficulties, or concerns with the program, other youth in the program, and/or staff. You may also contact Sandy Weaver, Youth Programs Compliance Specialist at stw126@psu.edu or (814) 865-8785 or call the University's Ethics Hotline at 1-800-560-1637.

PENN STATE BOYS LACROSSE FREE CLINICS
September 14, 22 & 28, 2021

Pre-Camp Self-Assessment (10 days prior)

Penn State Sport Camps requires pre-screening of campers (with the assistance of parents/legal guardians) which consists of the following steps.

1. Review *Symptoms of COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
2. Self-check symptoms include
 - Take and record camper's temperature for **10 days prior** to camp
 - Self-screen for the presence of symptoms (fever of 100.4 F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) within the **past 10 days**.
3. Testing for COVID-19

[https:// www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html)

Note: A COVID-19 test is not required to attend the camp.

Check In Procedures:

1. Initial health screening of camper upon arrival to camp

- *"Have you passed the 10-day and/or daily health self-assessment?"*
- Campers failing the health assessment, by either answering "no" or not completing it, will be denied admittance to the camp and the camp fee will be refunded.

MASK UPDATE (as of August 4, 2021)

- Outdoor camps - Individuals no longer required to wear masks.
- Indoor camps - ALL INDIVIDUALS (vaccinated and unvaccinated) are required to wear a mask indoors on Penn State's campus, including while using public transportation.

Parking During Check-In:

- Parking and pay stations (accept coin or credit card) are available in the following lot.
 - **Lot Jordan East** (Dauer & Porter Roads) for a fee of **\$1/hour OR \$5/day**.
- **See maps:** <https://map.psu.edu/>
- **GPS:** University Drive and Dauer Road, University Park, PA 16802