

## 2023 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 Mack Brady Clinic January 8, 2023  
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 \_\_\_\_\_  
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](http://www.cdc.gov/concussion/pdf/parents_Eng.pdf)
- 'Heads Up' Fact Sheet for Coaches [http://www.cdc.gov/concussion/pdf/coaches\\_Engl.pdf](http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf)
- 'Heads Up' Fact Sheet for Athletes [http://www.cdc.gov/concussion/pdf/athletes\\_Eng.pdf](http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf)

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

I acknowledge and agree that attendance at any public event, including Youth Programs, involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). On behalf of myself and my child, I assume any and all such risk and acknowledge that such exposure or infection may result in personal injury, illness, severe complications, permanent disability, and/or death to my child or others. I agree on behalf of myself and my child to adhere to all applicable University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. I understand it is my and my child's responsibility to practice basic health, safety, and sanitation measures to avoid contracting or spreading transmissible illnesses. I further agree that my child will not attend the event if they are symptomatic of any commonly spread transmissible illness.

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.

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

### 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.

### 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](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.

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Parent/LegalGuardianName(PleasePrint)

Parent/Guardian Signature

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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:

Suzanne C. Adair, Interim Title IX Coordinator  
328 Boucke Building, University Park, PA 16802  
Phone: (814) 863-0471  
Email: [sca917@psu.edu](mailto:sca917@psu.edu) or [titleix@psu.edu](mailto: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](mailto:stw126@psu.edu) or (814) 865-8785 or call the University's Ethics Hotline at 1-800-560-1637.

# PENN STATE MACK BRADY CLINIC

## JANUARY 8, 2023

### COVID-19 Updates

Attendance at any public event involves certain unavoidable risks such as exposure to or infection by transmissible diseases, viruses, and other illnesses (including, but not limited to, COVID-19 and its variants). Your presence at events or programs hosted by The Pennsylvania State University indicates your assumption of any and all such risk as well as your agreement to adhere to all University policies including, but not limited to, those intended to mitigate the spread of transmissible illnesses. As a member of our community or guest, it is your responsibility to practice basic health, safety, and sanitation measures. The University prohibits your attendance if you are symptomatic of any commonly spread transmissible illness.

- Parents, family members, and other guests may be permitted to view camp from a designated area depending on the facility.
- A COVID-19 test or vaccination is **NOT** required to attend camp.

### MASKS

- Penn State Sport Camps recommends that participants bring mask(s) as information can change on a weekly basis.
- Individuals who wish to continue wearing face masks are encouraged to do so.

### Check-in Location/Time

- **Check-in:** 2:00 p.m. - 2:30 p.m. @ Holuba Hall
- **Clinic:** 2:30 p.m. - 4:00 p.m.

### Parking

- **Lot Jordan East** (Dauer Drive & Porter Road) use pay stations (accept coin or credit card) **\$1/hour OR \$5/day**
- **East Parking Deck** (Bigler and Curtin Roads) use pay stations (accept coin or credit card) **\$1/hour**
- **See maps:** <https://map.psu.edu/>
- **GPS:** Dauer Drive and Porter Road, University Park, PA 16802 (**Lot Jordan East**)
- **GPS:** Bigler Road and Curtin Road, University Park, PA 16802 (**East Deck**)
- **Holuba GPS:** McKean Road and Bigler Road, University Park, PA 16802