2020 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 **Happy Volley Club Championships & Camp, May 23-25,2020**

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.

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.

RELEASE OF LIABILITY AND MEDIA PERMISSION

I, the undersigned, as a parent/guardian of the above identified youth, a minor, ask that he/she be admitted to participate in this youth program sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its 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 the minor's attendance at the sport camp or residence in University housing, or in the course of competition and/or activities held in connection with the sport camp.

Additionally, I authorize this Penn State Youth Program to photograph, videotape, and/or audiotape my child in promotion of this University's youth program.

Parent/Legal Guardian Name (Please Print) _____ Parent/Guardian Signature _____

Date _____ *Terms and Conditions agreed to via electronic signature

Revised May 10, 2018