

UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS
TEEN EXPEDITIONS HEALTH HISTORY FORM
TURN IN AT CHECK-IN

Parent/Guardian: Please **complete both sides** of this form and **turn it in at Check-In with the Medical Exam Form**. If your child requires special treatments, injections, is immune compromised, or has mobility limitations (e.g. crutches or wheelchair), no spleen, food allergies, dietary restrictions, or other special issues, **you must contact the nurse by phone** at least **two weeks before** the program (401-397-3304 ext. 6043).

Dates of Session(s) _____
Child's Name _____ Age _____ Weight _____
Address _____ Boy Girl
_____ Birth Date _____

Mother's Name _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Father's Name _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Name of another person to be contacted in case of emergency if you cannot be reached: _____ Relation to child: _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____
Parent/Guardian's Health Insurance Company _____
Policy Number _____

NOTES TO PARENTS:

1. URI provides insurance for up to \$3,500.00 per injury. The parent/guardian is responsible for costs beyond this limit.
2. If your child has had or has been exposed to a contagious disease or gets a serious cut, bruise, sprain, break, other injury or skin rash during the week prior to coming to Alton Jones, please contact our nurse by phone.
3. All medications will be kept by an Expedition Leader assigned to your child's group **except Inhalers and Bee Sting Kits/Epi-pens which must be carried by participants at all times.** (Please include a fanny pack for teens who must carry these emergency medicines).
4. **All medications** must be in original container and properly labeled, correlated with written instructions and placed in a ziploc bag.
5. **Prescription Medication:** If your child is bringing medication prescribed by a physician, the medication must be in the original container with the doctor's orders on the container. Medications will be dispensed as specified on the container unless a physician's note is attached indicating a change in dosage. The medication will be dispensed under the supervision of an R.N. or other authorized staff member.
6. An information sheet on ticks and tick-borne illnesses is enclosed. Please read it carefully.
7. If it is OK for staff to administer Tylenol, Benadryl, or ibuprofen if needed, parents please initial here: _____

If your child is bringing prescription medication please complete the following:

<u>Medication</u>	<u>Dosage/Time</u>	<u>Reason</u>

MEDICAL BACKGROUND

If YES is checked, give **approximate dates**, **method of treatment**, and or **restrictions**. If your child is under the care of a Social Worker, Psychologist, Behavioral Therapist etc., please fill in specific information concerning your child's needs.

Bleeding Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Abscessed Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Nebulizer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Allergy Injections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sleep Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Kidney Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Heart Trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bed Wetting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Compromised Immune System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Spleen Removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Emotional Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Behavioral Issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Learning Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Requires an Aide at School	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Traveled out of U.S. in last 3 mo.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Country(s) _____ Dates _____
Does your child have any allergic reactions to: (Please note reaction eg. Ingestion vs. Touch)			
Bee Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No
Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Food or Drink	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is child under special treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any Dietary Restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any physical restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ A doctor's note is required.
Has child had a tetanus booster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
Are immunizations up-to-date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If your child has been exposed to any contagious diseases 4 weeks prior to visiting Alton Jones you must call RN in advance.

Bringing **over the counter meds?** Yes No Please complete the following:

<u>Medication</u>	<u>Dosage</u>	<u>Reason</u>

Permission to secure treatment: I give permission to have my child treated by the W. Alton Jones Campus nurse, authorized staff, or a physician in case of severe illness or emergency in which I cannot be reached. In the event that an illness or injury should arise in which a doctor's diagnosis is required, I authorize the campus management to dismiss my child early, in which case I will assume responsibility for arranging transportation. I hereby assume responsibility for all medical expenses for my child not covered by the University of Rhode Island accident insurance policy. (Please note that some hospital emergency rooms require notarization for permission to treat a minor. To promote optimal treatment security for your child, please have this form notarized.)

Parent/Guardian Signature (must sign)

Date

Notary (optional)

Date

UNIVERSITY OF RHODE ISLAND W. ALTON JONES CAMPUS
ENVIRONMENTAL EDUCATION CENTER

MEDICAL EXAM FORM

TURN IN AT CHECK-IN

To comply with state regulations and American Camping Association standards, you must provide evidence that your child has had a health examination **within the 24 months prior to participation in a Teen Expedition (12 months recommended)** by a licensed physician, a certified nurse practitioner, or other medical personnel licensed by the state to conduct health examinations.

Please choose **ONE** of the options below and present to the nurse at check-in:

1. CALL your physician's office and have them send YOU a copy of your child's last health examination or a form indicating that an examination had been conducted and indicating any special treatments or considerations about your child's participation in camp activities. Be sure to verify that the date of the examination was within 24 months of attendance (12 months recommended). Attach the copy to this blank form.

OR

2. Have your physician fill out, sign, and date the form below.

OR

3. Have your physician's secretary fill out, stamp, and date the form below with an official stamp.

MEDICAL EXAMINATION

(options #2 and #3 only)

Name of participant _____ Age _____
(please print)

Does this child have any physical condition requiring restriction(s) on participation in the camp program?
YES NO If yes, attach information on restrictions.

Does this child have any current or on-going treatment and/or medications?
YES NO If yes, attach information.

I have examined and questioned this child on _____.
(date of examination)

I understand the nature of the program and activities involved, and I believe he/she is capable of participating in Teen Expedition activities offered by the W. Alton Jones Campus. (Exceptions attached.)

Licensed Examiner

Date

Phone

PARENT/GUARDIAN AGREEMENT

Teen Expeditions TURN IN AT CHECK-IN

In order that the W. Alton Jones campus staff may provide each Teen Expeditions participant maximum opportunity for personal growth, I understand that in signing this agreement I certify that my child is healthy and free of problems that could be detrimental to his/her safety or that of other campers while participating in Teen Expeditions. I have read and I understand the brochure description, the enclosed letter, the packing information, and the trip descriptions in the brochure and online at www.altonjonescamp.com.

In the event that my child's behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the program management to dismiss my child early, in which case I will assume responsibility for transporting my child from the W. Alton Jones Campus or another location convenient to the expedition route (Maine, for example), at a time specified by the program management. If I am not available, I authorize the people listed (see below) to pick up my child.

I grant permission for the participant named on this form to participate in off-campus trips both in Rhode Island and out of state by camp-authorized transportation (primarily 12-passenger extended vans). I grant this same participant permission to participate in all planned activities dictated by the program my child is attending including, but not limited to swimming, canoeing, kayaking, rockclimbing, rappelling, bicycling, use of high and low-ropes challenge courses, rafting, hiking, or backpacking. I understand that the Teen Expeditions program activities by nature will expose my child to potential dangers both from known risks and from unanticipated risks. I further understand that at times my child may be away from the safety net of civilization, more than an hour from a local hospital, and that the potential exists for my child to be exposed to severe and dangerous weather, wild animals, ticks, biting and stinging insects, people who are not program participants, loss or separation from the group, forest fires, and falls due to steep or uneven terrain, among other things. I realize that, while at least one teen expedition leader on each trip will carry a cellular phone, some of the areas that my child may visit are out of the range of cellular towers. I recognize that the W. Alton Jones Camp reserves the right to change plans if circumstances dictate. I also understand that if the health or safety of other campers or staff or suspicion of theft indicates the need, campers may be required to inventory their belongings in the presence of staff members. The W. Alton Jones Campus is not responsible for lost or stolen items.

I authorize the University of Rhode Island to take, have, and use photographs, computer images, and recordings of the person named on this form as may be needed for its records or for public relations purposes. It is my understanding that the University of Rhode Island provides limited accident insurance coverage for all Teen Expeditions participants up to \$3500.00 maximum per injury. I understand that in signing this agreement, I hereby assume responsibility for all medical expenses for my son/daughter not covered by the University of Rhode Island accident insurance policy.

I understand that a photo driver's license (or equivalent photo ID) is required to pick up my child. In an emergency when I cannot be reached, or if I (the person signing this form) cannot pick up my child at the end of camp, I authorize the following people to sign out my child upon presentation of a photo ID.

Camper's Name (please print) _____

Spouses and ex-spouses must be listed if you would like them to be able to pick up your child.

Name _____ Relation to Child _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Name _____ Relation to Child _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____

Parent Guardian Signature: _____ Date _____
Telephone home:(_____) _____ work:(_____) _____ cell:(_____) _____
Print Name: _____

Check Out:

Signed _____ Date _____

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BEHAVIOR AGREEMENT

TURN IN AT CHECK-IN

At Alton Jones Teen Expeditions, we strive to create a caring and supportive community. We want all teens to feel safe, welcomed and accepted. Following and abiding by the rules and guidelines ensures a memorable experience for all. Expedition members are expected to respect themselves, others and the environment. Inappropriate behavior negatively affects everyone and can compromise the safety of the group.

Since the Alton Jones experience passes so quickly we try to deal with behavior by setting clear expectations the first day at camp. The expeditions coordinator will tell all teens the rules which include: respect the leaders, respect others in the group, respect the environment, tents and housing are single sex (no boys in girls tents and visa versa), pocket knives are not allowed, any real or toy weapons are not allowed, and alcohol, tobacco, or drugs are forbidden. Each group will also create their own charter, which will outline the behavior expected by group members. The teens create this themselves, and sign their word that they will abide by their charter.

If a participant breaks the rules or charter, an expedition leader will speak with the teen, and let him/her know that the behavior was unacceptable. The expedition as a whole might talk about how breaking the charter affected them as a team, and how the group might help change the behavior in the future.

If negative behavior continues, if a teen's behavior is deemed unmanageable, or if the teen becomes a danger to themselves or the group, the teen will be sent home.

Working with a teen individually and in a group is meant to give the teen chances to change and opportunities to make good choices. The goal is to change negative behavior in order to prevent a teen from being sent home.

I know that how I act affects the people around me. I have read and understand this behavior agreement. I know that proper behavior is expected of me and that if I act badly, I might be sent home. I pledge that I will follow the rules and treat others with respect and dignity.

Camper Signature

Date

I have read and understand this behavior agreement. I understand that proper behavior is expected and that inappropriate behavior could potentially lead to my child being sent home and that no refund will be given. I understand that in addition to not following rules, a child may be sent home if they are acting in a way that is physically or emotionally unsafe to themselves or others. I understand that the Alton Jones Campus reserves the right to deny access to children who have been disruptive or sent home due to behavior issues in the past. I have discussed this behavior agreement with my teen and have impressed upon him/her the importance of following the rules and behaving appropriately.

Parent/Guardian Signature

Date