

# MINNESOTA FARMERS UNION CAMP HEALTH FORM

**Directions: Bring this form with you to Minnesota Farmers Union Camp - DO NOT MAIL.**

Please fill out this form completely and accurately. The information on this form should be based on a physical examination performed by a duly licensed practitioner of the healing arts and signed by the parent.

Campers Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

## Contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY AND INFORMATION Give approximate dates

	ALLERGIES	DISEASES
____ Frequent Ear Infections	____ Hay Fever	____ Chicken Pox
____ Heart Defect/Disease	____ Ivy Poisoning	____ Measles
____ Convulsions	____ Insect Stings	____ German Measles
____ Diabetes	____ Penicillin	____ Mumps
____ Bleeding/Clotting Disorders	____ Other: _____	____ Asthma
____ Other: _____	____ Other: _____	____ Other: _____

Operations or serious injuries: \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Communicable diseases: \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Dentist or Orthodontist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_\_

Carrier \_\_\_\_\_ Policy/Group # \_\_\_\_\_

## IMMUNIZATION HISTORY Please record the date (month/year) of basic immunizations and most recent booster doses

BASIC IMMUNIZATION DATE	LAST BOOSTER DATE
_____	_____ Vaccines
_____	_____ Diphtheria/Pertussis/Tetanus (DPT)
_____	_____ Tetanus/Diphtheria (TD)
_____	_____ Oral Polio (Sabin) or Injectable Polio (Salk)
_____	_____ Measles (hard, red, Rubella)
_____	_____ Mumps
_____	_____ Rubella (German Measles, 3-day measles)

**PARENTS AUTHORIZATION**

This health history is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed camp activities, except noted by me and examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named on this sheet.

Campers Name \_\_\_\_\_

⇒ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATIONS AND/OR RESTICTIONS AT CAMP**

Special diet \_\_\_\_\_

Current medications (what and when) \_\_\_\_\_

Physical activity \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOR FEMALES**

Has she menstruated? \_\_\_\_\_ If so, is her menstrual history normal? \_\_\_\_\_

If it is not, please indicate if it is something that we should be aware of. \_\_\_\_\_ .

**SWIMMING AUTHORIZATION**

I hereby give permission for \_\_\_\_\_ to go swimming at Farmers Union Camp this Summer.

⇒ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SWIMMING ABILITY**

\_\_\_\_\_ My child has taken swimming lessons and has completed this level \_\_\_\_\_.

\_\_\_\_\_ My child can swim and is a \_\_\_\_\_ beginner, \_\_\_\_\_ average, \_\_\_\_\_ excellent swimmer.

\_\_\_\_\_ My child cannot swim. He/she would enjoy playing in and around the water.

\_\_\_\_\_ My child cannot swim because \_\_\_\_\_.

*Please note that several counselors are on duty and actively monitoring while campers are swimming.*

*(Continued on next page)*

# Code of Conduct for Campers at Minnesota Farmers Union Camp

## Statement of Purpose

Our goal for each camper attending our program is to provide a fun experience within a safe environment that promotes learning and social growth. Because of this goal, campers are encouraged to participate in all camp activities to the best of their ability. Likewise, campers are encouraged to treat one another and the staff with mutual respect.

We acknowledge that during camp, throughout the course of activities, conflicts between individuals and groups may arise. It is within conflict resolution—the give and take of negotiation—that some of the most important lessons at camp are learned.

Occasionally, behavior on the part of camper may become too disruptive to the camp community, therefore requiring his/her removal from the camp program because conflict resolution cannot be reached. The following guidelines are presented for participants. ***Parents are encouraged to review these guidelines with their child attending a camp program.***

## All Minnesota Farmers Union Camp Participants are to...

1. Abide by the rules and regulations of camp
2. Use language that is appropriate
3. Respect the rights, privacy, and property of others
4. Respect the property and facilities of the camp
5. Wear appropriate clothes for activities as suggested by camp staff and camp policy
6. Refrain from engagement within or threatening to engage in acts of physical, sexual, or verbal abuse
7. Refrain from the usage of or possession of tobacco, alcohol, or any illegal substance and/or paraphernalia
8. Refrain from possession or usage of weapons

## Disciplinary Action

MFU will attempt to be fair in assessing consequences for camper behavior. When appropriate, consequences shall be given in a progressive order in relation to the severity and/or frequency of the infraction(s). The specific disciplinary action and severity of punishment for inappropriate camper behavior will be handled by the Executive and/or Program Director(s). Law enforcement officials will be involved when laws have been broken. Parent/guardians and campers will be made aware of their rights under the law.

## Zero Tolerance Policy

MFU has adopted a zero tolerance for the following behaviors:

1. Possession or usage of tobacco, alcohol, or any illegal substance or paraphernalia
2. Possession or usage of weapons of any kind
3. Theft
4. Physical violence or assault
5. Sexual violence or assault

Any camper who willfully violates any of the above rules of conduct will be dismissed immediately.

## Search of Personal Belongings

MFU retains the right to search all personal belongings of every camper who attends camp and camp-sponsored events. If any staff member has reasonable suspicion that a camper possesses any substance, article, or weapon that is in violation of the code of conduct, the Executive and/or Program Director(s) have the right to perform a search of the camper and the camper's belongings. If a camper refuses to be searched, MFU will treat the incident as if the camper were found to be in possession of a substance, article, or weapon in violation of the rules of conduct and the camper will be dismissed. Authorities will be contacted if deemed necessary. If a search is performed, the Executive and/or Program Director(s) will determine the appropriate time and place and will have the camper in question present during the search. Upon arrival at camp MFU reserves the right to conduct a preliminary search of luggage.

## Camper Conduct and Discipline Policy

A complete copy of the Camper Conduct and Discipline Policy may be obtained by calling or writing to MFU. Included in the policy are; the rules of conduct including definitions, guidelines for disciplinary action, guidelines for dismissal, guidelines for searching personal belongings, guidelines for authorized use of restraint, and guidelines for dissemination of the policy.

## Reimbursement of Fees

If the camper is dismissed due to inappropriate behavior, no refund of the participation fees will be available.

## Admission Agreement

In signing this section, I acknowledge that I have read through the above code of conduct with my child. I am aware that my child is expected to cooperate and participate in all camp activities. Likewise, I am aware that my child is expected to abide by all regulations governing personal conduct and use of camp property. If my child does not cooperate, or becomes a hindrance to the camp program, I understand that my child will be sent home.

⇒ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In signing this section, I acknowledge that I have read through the above code of conduct. I am aware that I am expected to cooperate and participate in all camp activities. Likewise, I am aware that I am expected to abide by all regulations governing personal conduct and use of camp property. If I do not cooperate, or become a hindrance to the camp program, I understand I will be sent home.

⇒ Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this agreement signed by both parent/guardian and camper upon arrival at camp. Thank you for your cooperation.**

## General Waivers Please read completely and sign below

**Health and Medical Waiver** The camper's parent/legal guardian warrants that the camper is physically fit and able to participate in the camp activities, and consents to any employee, agent, or other personnel affiliated with the Minnesota Farmers Union (MFU) Summer Camp ("MFU Personnel"), to seek medical attention and treatment or other measures deemed necessary or advisable in the discretion or judgment of MFU Personnel for the above-named camper in the event of an accident, sudden illness, or other condition that occurs while the above-named camper is in the care or under the supervision of MFU Personnel.

The parent/legal guardian further understands that MFU Personnel will make reasonable efforts to notify the parent/legal guardian or another parent of the camper in the case of an accident, sudden illness or other condition, but authorizes MFU Personnel to seek such care or treatment, and for any care or treatment to be administered, even in the event that either parent or legal guardian are not contacted prior to the seeking or rendering of such, care, treatment, or other measures.

The parent/legal guardian signing this form releases Minnesota Farmers Union and all Minnesota Farmers Union Personnel from any liability for such decisions or actions in seeking medical care, and agrees to pay all the costs and fees for the medical care or treatment authorized under this Emergency Medical Authorization.

**Liability Waiver** The parent/legal guardian agrees to hold harmless Minnesota Farmers Union and the owners of any properties MFU made available for camp activities, from any claims, damages, losses and/or expenses arising out of participation in camp activities and to assume all liability for any and all personal injury, bodily injury, illness or property damage that occurs as a result of participation in such camp activities. The parent/legal guardian also warrants that participation in this camp is voluntary and that the camper and the parent/legal guardian understand the inherent risks involved in camp activities, and the camper agrees to obey all rules and policies mandated by camp personnel.

**Photo Waiver** MFU has my permission to use my or my child's photograph publically to promote camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

⇒ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_