



MFU Leadership Camp Health and Waivers 2020

MFU Member # (not needed if first year at camp)

This form is to be completed by parent/guardians of minors. Please do not mail this form in. Bring/send with camper on the first day of camp.

Camper Information

Name Gender Cell
Address City State Zip County
Email Birth Date Grade Completed

Parent/Guardian's Contact Information

Parent 1 Cell Email
Address City State Zip
Employer's Name Work Phone
Address City State Zip

Parent 2 Cell Email
Address City State Zip
Employer's Name Work Phone
Address City State Zip

Emergency Contact, if not available in an emergency, notify

Name Cell Email
Address City State Zip
Relationship

My child will arrive at camp by: carpool personal vehicle

My child will leave camp by: carpool personal vehicle

Secondary pick up/drop off person Relationship Cell
Address City State Zip

This camper will not be allowed to leave with anyone not listed above. A camp staff member may request identification.

Please indicate if there is a specific person the camper is not to go with at any time Yes No

If yes, name that person

I hereby give permission for my child to participate in all camp activities, except for the following restrictions, explain below.

Parent/Guardian Signature _____ Date _____

I allow for my child's contact information to be shared with other campers.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGMENT OF RESPONSIBILITY AND RELEASE OF LIABILITY

Our child will attend the Minnesota Farmers Union Cooperative Leadership Camp. In consideration of his or her attendance at the Camp, we agree that Minnesota Farmers Union are not responsible for any accident or injury affecting my child or children during the time spent at camp or while being transported to or from the camp or camp activities. We agree to hold harmless and indemnify Minnesota Farmers Union and their staffs, representatives, and employees from all liability in relation to our use of the premises, travel to and from the camp, engagement in Camp activities, use of materials or equipment, buildings and/or operations of the Minnesota Farmers Union Cooperative Leadership Camp. We hereby agree to release the above entities from all liability for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward. We understand that Minnesota Farmers Union will take all reasonable precautions to ensure the safety, health and well-being of my child by exercise of due care and by following all Minnesota Department of Human Services/Division of Child Care regulations and guidelines.

Parent/Guardian Signature _____ Date _____

To be completed by parent or legal guardian to the best of their ability.

Camper's Name Birth Date Gender: Male Female
date of last physical exam

Allergies No known allergies. This camper is allergic to: Food Medicine Environment (insect stings, hay fever) Other

Explain

Diet Nutrition: This camper eats a Regular Diet Vegetarian diet Lactose intolerant Gluten intolerant

Explain

Restrictions: Do you feel that the camper will require limitations or restrictions to activity while at camp? Yes No If yes, please describe restrictions.

Medication this camper **Will not** take any daily medications while attending camp. **Will** take the following medication(s) while at camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medication is required to be in the original pharmacy container(s) with labels which show the camper's name and instructions on how it should be given. Please provide enough of each medication to last the entire time the camper will be at camp.

Name of medication	Date started	Reason for taking	When it is given			Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	Other: _____		

Immunizations: A copy of the child's current immunization record including the date of the last tetanus shot must be attached.

To the best of my knowledge, the person named above has received the required immunizations and is in the stated medical condition noted.

Signature of parent or guardian Date

Printed Name Phone

Address City State Zip

Insurance Information: Please include a copy of your medical card, front and back. Child **is** **is not** covered by family medical insurance.

Carrier/plan name ID# Group # Phone

Address City State Zip

Name of insured Relationship

To be completed by parent or legal guardian.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below. **Has/Does This Camper:**

1. Ever been hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. If female, have problems with periods/menstruation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Ever had surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have problems with falling asleep/sleepwalking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have recurrent/chronic illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Ever had back/joint problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Had a recent infectious disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have a history of bed wetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Had a recent injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have problems with diarrhea/constipation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Had asthma/wheezing/shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have any skin problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Current Medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Any known drug reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Wears glasses/contacts/protective eye wear?	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Had fainting or dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Traveled outside of the country in the past 9 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Passed out/had chest pain during exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where, country and dates:	
13. Had a mononucleosis ("mono") during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Ever been treated for attention deficit disorder (ADD) or Attention Deficit/Hyperactivity Disorder (AD/HD)			<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Ever been treated for emotional or behavioral difficulties or an eating disorder?			<input type="checkbox"/> Yes <input type="checkbox"/> No
28. During the past 12 months, seen a professional to address mental/emotional health concerns?			<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Had a significant life event that continues to affect the camper's life? <i>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain "Yes" answers in the space below, noting the number of the question.			

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

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

Is your child currently taking any medications that would affect their ability to swim? Yes No

If yes, please explain

Parent/Guardian Authorization

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine texts, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physical selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

If for religious, medical, or personal reason you do not desire to sign this, contact the camp for a legal waiver which must be signed for attendance.

Parent/Guardian Signature _____ Date _____

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 publicly 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 _____