



UWM at Washington Co Continuing Education Youth Event Health Form

Forms are required for all minors under the age of 18 to participate in any class or event on a UW Campus

Event Name: _____
Dates: _____

Youth Name: _____ Birth date ____ / ____ / ____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home (____) ____ - ____ Work (____) ____ - ____ Cell phone (____) ____ - ____

Home address: _____

Second parent/guardian
and/or emergency contact: _____ Phone: Home (____) -
Work (____) -

Address: _____

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin – Colleges, it is event/camp policy to secure your consent for **medication distribution and for the use of medical devices**. The medication or medical device can be self-administered or be administered by designated event/camp health staff with the exception that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by event/camp health staff.

All prescription medication must be in the **original medicine bottle** (see picture at right) and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. You must also complete the form below:

- No medication(s) has been brought to event/camp.
- I want the medication or medical devices self-administered (age 14 and above only).
- I give permission for my child to receive Tylenol or Pepto Bismol if needed.
- I want the medication or medical device administered by the designated health care staff. However, a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from the activity until such time that a trained medical professional can examine him/her and approve his/her return to participate. In such case, I understand that I am to provide a written clearance for my youth to return to participation in this activity.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN
(Must Complete Consent Form and Reverse Side)

Date

UWM at Washington Co Continuing Education Youth Event Health Form

Participant Name: _____
Parent/Guardian Signature: _____

Health Conditions (check)

- Asthma
- Diabetes
- Epilepsy
- Psychiatric
- Cognitive/Developmental
- Any dizziness, light-headedness or fainting associated with exercise within the past year
- Any unexplained, rapid or irregular heart beat within the past year
- A physician has sometime denied or restricted participation in sports due to a heart problem

Name of Insurance Co.: _____ Policy #: _____

Description of any limitation or restriction of event activities:

Any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event/camp (include circumstances when physician should be notified)?

Medications camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

1. Does the youth experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, Yes No diarrhea)

List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:
2. _____

*** **FOR EVENT/CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN *****

- 1 Are there any changes in your child's health status since the medical forms were sent in? No Yes
- 2 Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? No Yes
- 3 Does your child now have any rashes or open sores? No Yes
- 4 Are there any changes in your dependent's medications? (If Yes, Staff make changes . & sign) No Yes
- 5 Does your child have any recent injury or activity restrictions? No Yes
- 6 Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? No Yes
If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:

Information provided by: _____

To: _____

Date: _____

UWM at Washington Co Continuing Education Youth Event Consent Form

Event Name: _____

Dates: _____

Participant Name: _____

Hold Harmless, Indemnity and Release:

1. I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my or my child's health or safety during our participation in the above named event including authorizing medical treatment on our behalf and at our expense and returning us home at our own expense for medical treatment or in case of an emergency.
2. I agree that this authorization to release to participate shall be construed in accordance with and governed by, the laws of the State of Wisconsin. Any litigation regarding the release and authorization or arising out of my or my child's participation in this educational opportunity shall be brought in a court of competent jurisdiction in the State of Wisconsin.
3. I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the class to which I or my child will be exposed during participation, do hereby voluntarily agree to assume all the risk and responsibility surrounding participation in this event and, further, I for myself, my heirs, and my personal representative(s) hereby agree to defend, hold harmless, indemnify, release, and forever discharge the Board of Regents of the University of Wisconsin System, their respective officers, employees, volunteers and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) arising out of my or my child's participation in the above named event which do not arise out of the negligent acts or omission of an officer, employee, volunteer and agent of the University and/or Board of Regents while acting within the scope of their employment or agency. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature of Parent or Guardian: _____ Date: _____
(signature of camper, if over 18)

Consent for Emergency Treatment:

I authorize the University and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature of Parent or Guardian: _____ Date: _____
(signature of camper, if over 18)

Release of Information

I give the University permission to use my or my child's photograph for marketing purposes in media of their choice. I also waive any right to inspect or approve the finished product or the advertising copy that may be used in connection with my or my child's photograph. I hereby acknowledge that I have had the opportunity to consult with legal counsel regarding this release. I realize this may include the release of my or my child's name, city of residence and/or age in various media.

Signature of Parent or Guardian: _____ Date: _____
(signature of camper, if over 18)

Mandatory Reporting

I understand that Executive Order #54 requires all University of Wisconsin System employees to immediately report child abuse or neglect if the employee, in the course of employment, observes an incident or threat of child abuse or neglect, or learns of an incident or threat of child abuse or neglect, and the employee has reasonable cause to believe that the child abuse or neglect has occurred or will occur.

Signature of Parent or Guardian: _____ Date: _____
(signature of camper, if over 18)



Washington County

Student Program Policies

University of Wisconsin Milwaukee at Washington County and Waukesha Continuing Education (CE) are committed to each student's success in learning within a fun, caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our university works to ensure that all students have the opportunity and support needed to develop to their fullest potential.

We believe that all students have the right to learn. ☺

Behavior deemed inappropriate may be any action that causes a disruption to the program, undermines the integrity or safety of the program, is harmful or violent, is discriminatory to other students, is deemed to be bullying, is inappropriately profane, graphic/pornographic in image or speech, or is in direct violation of the campus or department student program policies. We reserve the right to dismiss a student regardless of the severity of the behavior/circumstance or refutation of said student.

UWM at Washington County and Waukesha CE will always try to resolve behavioral issues with students in a fair and respectful manner, working individually or with all persons involved in any conflict. Depending on the severity of the situation, UWM at Washington County and Waukesha CE staff will work through student issues directly. If further resolution is necessary, Continuing Education administrators will step in to assist in resolving the situation.

Any student that uses physical aggression or any other such actions that are deemed inappropriate by CE Staff, will be immediately dismissed from the program. If student is a minor, parent/guardian will be required to pick up their child from the program immediately. Re-admittance to the program for any such individual removed will be at the discretion of the Continuing Education Director or Campus Dean. No refunds will be authorized in the event of a dismissal.

To assist students partaking in a positive learning environment, the University of Milwaukee at Washington Co Continuing Education (CE) program students are expected to abide by these rules:

1. Follow directions

We have a lot of fun and learning in store for participants of the program, and to help ensure that students stay on track to learn everything that has been planned, please follow directions the first time. This guideline is in place to ensure the safety and learning outcomes of all students. Our programs are rigorously and meticulously planned. By listening to instructions the first time, there should be more than enough time to get to all the fun!

2. Show respect with your words and body

In order to provide a safe learning environment where students can be who they are without judgment or fear, we request that everyone involved in the program be treated with respect. Our expectation is that all staff and instructors are treated with respect and are listened to during the day. Please know that the physical and emotional safety of all students and instructors is taken very seriously.

3. Think "Safety First!"

This is a good general rule to follow! Always consider the consequences of your actions prior to acting, in word or deed.

4. Ditch your cellphone!

Students are encouraged to leave smartphones and/or personal devices at home. Our programs are intended to bring students together in shared experiences that strengthen bonds of friendships and encourage an inclusive learning environment. UWM-Washington County and UWM-Waukesha CE does recognize that advancing technologies are a part of our daily lives and a tool with which families stay connected to coordinate pickups. If your student decides to bring a smart device to the program, they will be required to keep it in their backpack. If they need to contact you, they can do so with staff and instructor permission or during a break in the Continuing Education office. If a student does not follow this policy, the phone will be taken away and locked in our office until the end of the day when it will be returned to them. We cannot be responsible for any lost/stolen objects.

Date: _____

I, _____ (print student name) understand and agree to abide by the above rules and have read and understood the Student Program Policies. I understand that if I do not abide by the above rules, I may be dismissed from the program, and acknowledge that no refund will be provided.

Student signature and acknowledgement _____

I, _____ (print parent/guardian) of _____ have explained the above rules and the Student Program Policies to my child. I understand that if they do not abide by the above rules, they may be dismissed from the program, and I agree to immediately pick up my child from the program. I understand that no refund will be provided.

Parent/guardian signature and acknowledgement _____