



J DAY CAMPS 2020 CAMPER HEALTH HISTORY

SIGNATURE REQUIRED

To ensure an informed response in case of an emergency, your child WILL NOT BE PERMITTED to attend J Day Camps without a completed 2020 Camper Health History. Return this form no later than 2 weeks after registering, or immediately if registering after May 1, 2020.

RETURN OPTIONS:

MAIL

Jewish Community Center
ATTN: J Day Camps
2 Millstone Campus Drive
St. Louis, MO 63146

SCAN AND EMAIL

Jess Sanders
jsanders@jccstl.org
PLEASE NO JPEGs

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list contact information for 3 DIFFERENT people in the order contact should be made in case of emergency

Guardian Name: \_\_\_\_\_ Guardian Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Additional Name: \_\_\_\_\_ Additional Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Additional Name: \_\_\_\_\_ Additional Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Does the child currently take any medications over the counter or prescription? \_\_\_Yes \_\_\_No

Explain: \_\_\_\_\_

Is any treatment/medication needed during program participation? \_\_\_Yes \_\_\_No

Explain: \_\_\_\_\_

Does the child have any condition (Physical, Mental, Emotional, Social, Developmental, or Psychological) requiring special considerations while at camp? \_\_\_Yes \_\_\_No

Explain: \_\_\_\_\_

Are there any camp activities from which the child should be exempt for health reasons? \_\_\_Yes \_\_\_No

Explain: \_\_\_\_\_

Does the child have any allergies or dietary restrictions? \_\_\_Yes \_\_\_No

Explain: \_\_\_\_\_

Are all immunizations required for school up to date? \_\_\_Yes \_\_\_No

Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Mark information pertinent to your child:

- \_\_\_Anxieties \_\_\_Autism \_\_\_Orthopedic/Mobility Disability
\_\_\_Hearing Deficiency \_\_\_Social/Emotional Disorder \_\_\_Developmental Disability
\_\_\_Behavior Disorder \_\_\_Heart Defect/Disease \_\_\_Speech Delay
\_\_\_Vision Deficiency \_\_\_Asthma \_\_\_Tourette's Syndrome
\_\_\_Seizure History \_\_\_Down's Syndrome \_\_\_Other

Explain: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



J DAY CAMPS 2020 MEDICAL POLICIES ACKNOWLEDGEMENT

SIGNATURE REQUIRED

To ensure a safe environment for all campers, your child WILL NOT BE PERMITTED to attend J Day Camps without a completed J Day Camps 2020 Medical Policies Acknowledgement. Return this form no later than 2 weeks after registering, or immediately if registering after May 1, 2020.

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CONSENT TO MEDICAL TREATMENT

The Jewish Community Center and J Day Camps have my permission to have a physician treat my child if needed during their participation in Day Camps or while on the property of the J. I authorize the Camp Director to use his or her judgement in arranging for medical care for my camper which the Camp Director deems necessary. I hereby consent to any first aid, medication, medical treatment, or surgery deemed necessary by the Camp Director in his or her judgement. I release The J and its agents, employees, representatives, volunteers, and assigns of and from all claims for injuries or damages incurred by my child in connection with the delivery of such care in good faith. This release is also a condition of participation in Day Camps. I consent that my child may be assessed and/or treated by the Camp Director or, if the Camp Director is not available, by a designated Camp Staff in case of illness or injury. I agree to pay all expenses of care administered to my child.

GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOCOL AND CONSENT FOR ADMINISTERING MEDICATION

Specific medications have been approved for use by campers as needed during camp-related activities. These medications are available for use by designated camp staff and the Camp Director to be administered to campers seeking treatment for general health problems not requiring the camper to return home.

Please check any medication NOT to be administered to your child:

- \_\_\_ Triple Antibiotic Ointment (Neosporin)
\_\_\_ Latex Bandages (Band-Aids)
\_\_\_ Acetaminophen (Tylenol)
\_\_\_ Ibuprofen (Motrin)
\_\_\_ Cough Drops
\_\_\_ Menthol-Zinc Oxide Powder (Gold Bond)
\_\_\_ Diphenhydramine (Benadryl)
\_\_\_ Cetirizine (Zyrtec)
\_\_\_ Hydrocortisone (Anti-Itch Cream)
\_\_\_ Dextromethorphan (Cough Syrup)

I authorize the use of any of the above medications for the treatment of my child's health needs. I realize a physician or a nurse may not be present or available during the administration of medication, and that medication may be administered by a non-medical person. Further, I indemnify and hold harmless the Jewish Community Center employees from and against all claims arising out of the implementation of the Protocol and Consent for Administering Medication under this policy.

I acknowledge that I have reviewed and am familiar with the Protocol for Administering Medication and Basic First Aid and consent to terms and conditions of Policy.

GUARDIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_



**J DAY CAMPS 2020 BEHAVIOR POLICY ACKNOWLEDGEMENT**

**SIGNATURE REQUIRED**

To ensure a safe environment for all campers, your child WILL NOT BE PERMITTED to attend J Day Camps without a completed J Day Camps 2020 Behavior Policy Acknowledgement. Return this form **no later than 2 weeks after registering**, or immediately if registering after May 1, 2020.

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St. Louis, MO 63146

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**BEHAVIOR POLICY**

The J programs are designed for children to function in an atmosphere dedicated not only to individual growth, but also to group cohesion. These situations sometimes stimulate various behaviors including both positive and negative peer pressures. Since our program population is a sampling of the world we live in, we deem it advisable to delineate very clearly what the J's standards and rules are and what action we will take in our role as "substitute parents" in the event that these rules are broken.

**NOT ALLOWED:**

- a. Illegal activity, including possession or use of any drug or substance.
- b. Possession or consumption of alcoholic beverages.
- c. Possession of tobacco products.
- d. Possession or sale of pornographic materials.
- e. Possession of knives or weapons or any kind.
- f. Activity detrimental to the welfare or health of others, including, but not limited to, persistent physical or verbal abuse, theft, or vandalism. The J will charge the offender for repairs or removal of graffiti in the case of vandalism.
- g. Certain items and activities at the J are not necessary or are inappropriate by J Staff (i.e., violent or abuse lyrics, etc.), matches, lighters, fireworks, or incense of any kind.
- h. Unauthorized cell phones are not permitted at the J.
- i. Unauthorized animals are not permitted at the J.

Should we have reason to suspect a participant of violating any of the above rules, we respond as follows: For a, b, c, d, & e, and in cases of theft (f), we reserve the right to search the participant's possessions in their presence. If we determine a violation of the rules has occurred, we will notify the participant's parents. Violation of a, b, or e will result in immediate dismissal. In the case of c, d, or f, disciplinary action may be taken after full consideration.

In regard to f, the J encourages respect of all other participants and staff. Any participant who does not adhere to this philosophy will be counseled, and if necessary, disciplined by us. If such counseling and discipline does not result in cooperation and better behavior, we will consult with parents. We then reserve the right to suspend a participant from the program. This behavior may also affect future enrollment, and we do reserve the right not to allow a participant back into the program.

We also feel that a safe and successful programming experience requires adherence to a few rules and regulations regarding safety procedures. Persistent and willful disregard for these rules and regulations is considered sufficient reason for expulsion. This will not be enforced without first communicating with parents and making every effort to secure cooperation. Being a part of the J community means doing activities together. Participants are expected to join in group activities and are encouraged to participate in all program activities.

I have acknowledged the behavior policy described above, and have gone over this policy with my camper in a manner representative of their stage of development.

**GUARDIAN NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



J DAY CAMPS 2020 CAMP WAIVER AND RELEASE OF LIABILITY

SIGNATURE REQUIRED

To ensure a safe environment for all campers, your child WILL NOT BE PERMITTED to attend J Day Camps without a completed J Day Camps 2020 Camp Waiver and Release of Liability. Return this form no later than 2 weeks after registering, or immediately if registering after May 1, 2020.

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CAMP WAIVER AND RELEASE OF LIABILITY

As a condition of my child's participation in JCC Day camps for which I am registering at Jewish Community Centers and, on behalf of myself and my child, I agree that:

STATEMENT OF PHYSICAL CAPABILITY

I warrant and represent to JCC that:

- 1. My child is in good physical health condition and is physically able to participate or compete in the Activity I have selected;
2. I know of no physical restriction whatsoever which would prohibit my child's participation or competition in the Activity that I have selected. I have been advised by JCC that it would be in my best interest to consult my physician prior to my child's preparation in regard to my child's participation in the Activity;
3. I recognize and understand that the preparation and participation in the Activity may necessitate strenuous physical activity and could activate any unrecognized pre-existing cardiovascular disorder which my child may have, thereby resulting in serious or life threatening physical harm to my child.
4. I certify that my child is healthy and able to participate in camp activities as of the date of making this application.

PERSONAL INJURY RELEASE

As a condition of my child being permitted to participate in the Activity, I, the undersigned parent, on behalf of myself and my child agree that:

- 1. I recognize that participation in the Activity involves risks of physical and emotional injuries and damages, including, but not limited to, injuries, damages or losses relating to or resulting from slips, falls, collisions, car accidents, drowning, trauma, health failure, and/or other mishaps whether known or inherent to the Activity or whether foreseeable or unforeseeable. Possible injuries to my child can include death, personal injury, paralysis, property damages, loss of service and other injuries and damages to my child or to third parties.
2. I and my child assume full responsibility for any injuries, damages or losses which may occur to my child and agree that JCC and its trustees, officers, agents, employees, representatives, volunteers, students and assigns (the "JCC Parties") shall not be liable for any damages arising from any personal injuries that my child may sustain in connection with the Activity whether occurring on or about the premises of the Millstone Campus at 2 Millstone Campus Drive or on the Harry and Jeanette Weinberg Campus at 16801 Baxter Road occurring adjacent to or outside the property of JCC, or as a result of my child's preparation for or participation in the Activity, to the extent that this Personal Injury Release provides for the release of such liability.
3. On behalf of myself and my child, we hereby fully and forever release and discharge and hereby agree to indemnify and hold harmless the JCC Parties from any and all present and future claims, demands, damages, rights of action or causes of action (collectively "Claims") arising out of, resulting from, or connected in any way with my child's preparation for and/or participation in the Activity, whether known or unknown, anticipated or unanticipated, and specifically including, but not limited to, any Claims arising out of or resulting from JCC Parties' own negligence or fault or the negligence or fault of their agents, employees, representatives, volunteers and assigns, provided that this release and discharge shall in no way affect any claims which we cannot legally waive, such as grossly negligent acts, intentional acts occurring in the future and acts done with malfeasance.
4. We understand that we are releasing the JCC Parties from liability to the full extent that the law allows not only from any risk inherently associated with participation in the Activity, but also any enhanced exposure to injury occasioned by any carelessness, negligence or fault of the JCC Parties or anyone acting on the JCC Parties' behalf, including any and all liability for damage and injury or death to my child or to any person or property to the full extent that the law allows.
5. I understand that THIS RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE, and I accept the terms as a condition of a Minor being permitted to use the property and facilities of JCC and JCC Day Camps and to participate in the JCC programs and activities and JCC sponsored programs and activities sponsored and programs and activities occurring at the JCC.

RELEASE FOR PERSONAL PROPERTY

I acknowledge and agree that JCC and its agents, employees, representatives, volunteers and assigns (the "JCC Parties") shall not be liable for any loss or theft of personal property and I release the JCC Parties for any liability for loss or theft of any personal property in connection with the Activity.

INDEMNIFICATION BY PARENT OR GUARDIAN

In consideration of the below named child ("Minor") being permitted by JCC to participate in the Activity and use its equipment and facilities, we further agree to indemnify and hold harmless JCC and Jewish Federation from any and all claims which are brought by, or on behalf of Minors or any of them, which are in any way connected with such use or participation by Minors or any of them. In the event parents are divorced or separated, the custodial parent must sign the registration form. In the event the parents have joint custody, both parents must sign this form.

MISCELLANEOUS CAMP MATTERS

ACCEPTANCE WITH COMPLETED PHYSICIAN'S STATEMENT: I, as parents, understand that the application is subject to a physical examination of the child by a physician and review and approval of the examination of the Camp Director. Acceptance of enrollment will result in the camp reserving a place for the child.

FIELD TRIPS: The parent or guardian grants permission to the camp for the child to participate in trips away from the camp and this camp waiver and release of liability applies during such trips.

I agree that the camp may adopt any other regulations that the camp deems necessary for the welfare of the camp and the campers.

RELEASE OF INFORMATION: I give permission for my child's quotes and photos to be used for publicity purposes.

NOTICE: JCC Day Camps do not permit discrimination because of race, color, age, sex, handicap or national origin.

THIS DOCUMENT CONTAINS RELEASES OF THE RIGHTS OF PARTICIPATING CHILD AND PARENTS WHICH ARE INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS WAIVER AND RELEASE AND I AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT.

MINOR'S NAME: \_\_\_\_\_ GUARDIAN NAME: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_