

URJ Health & Safety Form for Youth Programs

Supplemental Form for Returning Participants FORM B (Short Form)

NOTE: This form will only be accepted if Form A (Long Form) has been completed during current NFTY year

EVENT NAME _____ EVENT DATES _____

Name Last _____ First _____ Middle _____

Home Address Street _____ City _____ State _____ Zip _____ Country _____

Participant E-mail _____ Gender: M F Birth Date _____ Age During Event _____

Participant Phone _____ Participant Cell Phone _____

Temple Youth Group _____ Congregation _____

NFTY Region _____ Grade in School _____ TYG Advisor _____

TYG Advisor E-mail _____ TYG Advisor Phone _____

Custodial Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Home Address _____ City _____ State _____ Zip _____ Country _____	Second Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Home Address _____ City _____ State _____ Zip _____ Country _____
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EMERGENCY CONTACT INFORMATION If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier/plan name _____ Group # _____ Policy # _____

Name of Insured _____ Relationship to Participant _____

HEALTH HISTORY

MEDICATION ALLERGIES

Penicillin Amoxicillin Septra/Cephalosporis Aspirin Erythromycin Sulfa _____

FOOD ALLERGIES

Nuts Seafood Eggs Dairy/Lactose Intolerant Soy Gluten _____

OTHER ALLERGIES

Hay Fever Ivy Poisoning Bee Stings Insect Stings No Known Allergies _____

MEDICATIONS BEING TAKEN

Please list all prescription medications. Bring enough medication to last the entire time at the event. Keep it in the original packaging bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes **NO** medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

OVER THE COUNTER MEDICATIONS BEING TAKEN

I give permission to the Health Personnel to dispense any medications as needed. Yes No

My child may be given the following over the counter medications (such as headache relief medicine, cough drops, decongestants, etc.):

Tylenol Advil Tums Benadryl Sudafed Cough Drops Other _____

NFTY'S B'RIT K'HILAH—Code of Conduct ברית קהילה

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat others with kavod (honor and respect) because we are created b'tzelem Elohim (in the image of God). I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature and that of my parent/guardian.

- I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
- I will not possess, use, or distribute any illegal drug or drug paraphernalia.
- I will not smoke or consume or distribute tobacco products at any time during the event.
- I will attend and participate fully in the entire event, unless otherwise agreed upon with the NFTY Regional Advisor. I will arrive on time, stay until the end, and remain on the event premises at all times.
- I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.
- I will abide by the event curfew announced by the leadership. After each event session, I will go directly to my cabin, hotel room, or host home and remain there until the next session.
- I understand that no guests are allowed at any event, unless the adult leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.
- I will not drive to, during, or from events, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the NFTY Regional Advisor. This includes driving to/from my home to meet NFTY's designated transportation.
- I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.
- I agree to refrain from inappropriate sexual behavior.
- I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.



NORTH AMERICAN
FEDERATION OF TEMPLE YOUTH



Mail signed and completed form to
your NFTY Regional Advisor
Find the address on your NFTY
Regional website or visit
www.nfty.org/contactus

Please remember that this form must be signed by the participant, a parent/guardian and congregational representative (Rabbi, Cantor, Educator, Youth Advisor)

HEALTH AND SAFETY AUTHORIZATIONS

IMPORTANT—THESE MUST BE COMPLETE FOR ATTENDANCE

I understand that the URJ Youth Programs is not defined as an entity subject to HIPAA and therefore is not covered by HIPAA regulations concerning patient medical records. I also understand and agree that situations may necessitate that my child's medical information be shared with the event staff and/or event medical staff. I give permission to any Health Care Provider, such as a hospital or physician to share my child's medical information with the event medical staff, for treatment purposes.

Health and Safety This health history is correct and complete to my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the Union for Reform Judaism to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Union to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the Union to secure and administer treatment, including hospitalization, for the person named above. I agree that the Union for Reform Judaism may use any photograph or likeness of my child for Union publicity. This completed form may be photocopied, if needed, for trips off event premises.

B'rit Kehillah—Code of Conduct We understand that part of the Union experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by the *B'rit Kehillah—Code of Conduct*. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the Event Director for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

Event transportation I give my permission for my son/daughter to be driven to and from the event by authorized vehicle (bus or automobile) transportation. I understand that my son/daughter may not drive to or during the event. I agree to indemnify and hold harmless the Union for Reform Judaism, their employees, volunteers, and members from any harm which may come to my son/daughter while driving to or from the event. I also am aware that it is the responsibility of my son/daughter to notify the Union office of his/her transportation arrangements to and from the event when this information becomes available.

The North American Federation of Temple Youth (NFTY) and the Union for Reform Judaism (URJ) have my permission to use any recording, or other depiction of (whether by sound, video, photography or other means) or testimonials by (written or verbal) my child or any family member for the purpose of promoting NFTY, the URJ and its programs.

Signature of Parent/Guardian _____ Date _____

B'rit Kehillah—Code of Conduct I have read the *B'rit Kehillah—Code of Conduct* and I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

Signature of Participant _____ Date _____

Congregational Certification I certify that this participant is a member in good standing of his/her congregation's youth group, and the congregation is a member in good standing of the Union for Reform Judaism, and is eligible to participate in Regional and North American events.

Signature of Congregational Representative _____ Date _____

This can be signed by Rabbi, Cantor, Educator or Youth Advisor