Religious Action Center
of Reform Judaism

HEALTH AND SAFETY FORM

Seminar Date_____

The information on this form is gathered to assist us in identifying appropriate care. The more information we have, the better able we are to ensure a safe and healthy event. This form is to be filled in by parents/guardian of minors. **NO DOCTORS VISIT REQUIRED.**

Return signed and completed form to your congregation.

Form must be signed by participant, parent/guardian & congregational representative.

Name *Last*_____ *First*_____ *Middle*_____

Gender: ☐ M ☐ F Other:_____ **Birth Date** _____ **Age**_____ **Grade in School**_____

Participant Phone_____ **Participant Email**_____

Congregation_____ **Congregation City, ST**_____

Participant lives with: ☐ **Parent/Guardian 1** ☐ **Parent/Guardian 2** ☐ **Both**

Parent/Guardian 1_____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Home Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

Parent/Guardian 2_____

Home Phone _____ **Work Phone**_____

Cell Phone _____ **Email** _____

Home Address _____

City _____ **State** _____ **Zip** _____ **Country** _____

EMERGENCY CONTACT INFORMATION

If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name _____ **Relationship** _____

Home Phone_____ **Work Phone** _____ **Cell Phone** _____

Allergies: No known allergies This participant is allergic to: Food Medicine Environmental (insect stings, hay fever, etc) Other

(Please describe below what participant is allergic to and the reaction seen.) If necessary please attach a separate sheet.

INSURANCE INFORMATION

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

If so, indicate carrier/plan name_____ **Group #** _____ **Policy #** _____

Carrier Address _____

Claims/Phone Authorization #_____ **Co-Pay Amount** _____

Name of Insured _____ **Relationship to Participant**_____

PRESCRIPTION PLAN INFORMATION

Name of Insured _____ **Insured SS#** _____ **Relationship to Participant** _____

Company Name _____ **Group #** _____ **Policy #**_____

Prescription Information # _____ **Co-Pay Amount:** Generic_____ Brand _____

PARTICIPANT NAME:

HEALTH HISTORY

GENERAL QUESTIONS - Explain "yes" answers below

Has/does the participant:	YES	NO
Had any recent injury, illness or infectious disease?	☐	☐
Have a chronic or recurring illness/condition?	☐	☐
Ever been hospitalized?	☐	☐
Ever had surgery?	☐	☐
Have frequent headaches?	☐	☐
Ever had a head injury?	☐	☐
Ever been knocked unconscious?	☐	☐
Wear glasses, contacts or protective eye wear?	☐	☐
Ever had frequent ear infections?	☐	☐
Ever passed out during or after exercise?	☐	☐
Ever been dizzy during or after exercise?	☐	☐
Ever had seizures/convulsions?	☐	☐
Ever had chest pain during or after exercise?	☐	☐
Ever had high blood pressure?	☐	☐
Ever been diagnosed with a heart murmur?	☐	☐
Ever had back problems?	☐	☐
Ever had epilepsy?	☐	☐

	YES	NO
Ever had treatment for drug/alcohol abuse?	☐	☐
Have a history of smoking? If so, how many?	☐	☐
Ever had problems with joints (e.g., knees, ankles)?	☐	☐
Have an orthodontic appliance being brought to camp?	☐	☐
Have any skin problems (e.g., itching, rash, acne)?	☐	☐
Have diabetes? (Date of onset)	☐	☐
Have asthma? (Date of onset)	☐	☐
Had mononucleosis in the past 12 months?	☐	☐
Had problems with diarrhea/constipation?	☐	☐
Have problems with sleepwalking?	☐	☐
Have a history of bed-wetting?	☐	☐
Ever had an eating disorder?	☐	☐
Ever had emotional difficulties for which professional help was sought?	☐	☐
Ever been diagnosed with ADD/ADHD?	☐	☐
Ever been diagnosed with depression	☐	☐
Ever been diagnosed with Autistic Specrtum Disorder	☐	☐

Please explain any "yes" answers, noting the number of the question being addressed.

_____

_____

_____

PRESCRIPTION MEDICATIONS BEING TAKEN

List all prescription medications. Bring enough medication to last entire time at the event. Keep it in the original packaging bottle that identifies the prescribing physician, name of the medication, dosage, and frequency of administration. Participants are responsible for keeping and administering their own meds.

☐ 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 _____

Attach additional pages for more medications or information about side effects.

OVER THE COUNTER MEDICATIONS

My child may be given over the counter medications (such as headached relief medicine, cough drops, decongestants, etc.) ☐ Yes ☐ No

List any over the counter medications that may ***NOT*** be administered:

_____.

RESTRICTIONS

Dietary

☐ Does not eat red meat ☐ Does not eat fish ☐ Does not eat eggs ☐ Does not eat poultry ☐ Does not eat dairy products

☐ Kosher (please note: Kosher food may not be available) ☐ Other (describe)_____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary).

_____

_____

PARTICIPANT NAME:

Health and Safety Authorizations - PARENT/GUARDIAN SIGNATURE REQUIRED

Disclosure of Medical Information I understand that neither the Union for Reform Judaism (URJ) - Religious Action Center (RAC) nor my congregation is 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 URJ-RAC and my congregation to provide routine health care, 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 URJ-RAC and my congregation 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 URJ-RAC and/or my congregation to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied and stored electronically, for access in an emergency.

B'rit Kehillah–Code of Conduct We understand that part of this 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 my congregation and the Union for Reform Judaism - Religious Action Center, their employees, volunteers, and members from any harm which may come to my son/daughter while driving to or from the event.

The Religious Action Center (RAC) 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 RAC, the URJ and its programs.

Signature of Parent/Guardian_____ **Date**_____

B'rit Kehillah/Code of Conduct Agreement - PARTICIPANT & PARENT SIGNATURE REQUIRED

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**_____

Signature of Parent/Guardian_____ **Date**_____

Religious Action Center
of Reform Judaism

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, 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 adult chaperone from my congregation. 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 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.

I will abide by the event curfew announced by the leadership. At the end of each evening, I will go directly to my hotel room and remain there until the next morning. I will only go into my hotel room and will not invite others into my room.

I understand that no guests are allowed at the event, unless the RAC leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.

I will not drive to, during, or from the weekend, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the adult chaperone from my congregation. This includes driving from my home to the RAC event.

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 which may be announced, and to accept the consequences of their violation.

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.

My signature, and the signature of my parent/guardian, on the attached Health and Safety Form for Union for Reform Judaism Youth Programs, affirm my agreement to the rules and policies of the RAC and this B'rit K'hilah.

Please keep this page for your records.