

South Carolina Association of Student Councils
Summer Camp Workshop Medical Permission Form 2021

No student will be registered without submitting this information. (Please print or type)

Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: (____) _____ Parent's name(s) _____

Parent's work phone(s): (____) _____ (____) _____

Name, relationship, and phone number of person to be contacted in case of emergency (other than parents):

Name: _____ Relationship: _____ Phone: (____) _____

School I attend in the Fall: _____ School Phone: (____) _____

If student is covered by insurance...

A copy of the insurance card (front and back) must be attached: Copy attached: Yes No

Medical Insurance Company Name: _____ Policy Number _____

Address: _____

If student is NOT covered by insurance, this portion must be completed and signed. I, _____, will be responsible for any medical expenses that should occur while my student is attending the SCASC Summer Leadership Camp.

Parent/Guardian signature _____

Family Physician's Name: _____ PHONE # (____) _____

Brief Medical History

Allergies: Yes No Allergy Medication: _____

List: Food: _____ Reaction: _____

Medication: _____ Reaction: _____

Asthma: Yes No Do you use an inhaler: Yes No Medication: _____

Diabetes: Yes No Do you use insulin/oral meds: Yes No Medication: _____

Epilepsy: Yes No Do you use an anti seizure med: Yes No Medication: _____

Should the delegate be restricted from any type of recreational activity? Yes No

If yes, please explain _____

Are there any drugs (prescription or non-prescription) that should **NOT** be administered? _____

Any other pertinent information: _____

My child may take any over the counter medications such as Tylenol, Advil, Pepto as deemed necessary by the camp nurse.

Tylenol: Yes No Advil: Yes No Pepto/Gas-X: Yes No Allergy Medications: Yes No

NOTE: If you are taking medication regularly, please bring a supply in labeled original containers to give to the camp nurse to be dispensed. ALL medication should be turned in to the camp nurse at registration.

The undersigned parent or guardian of _____ authorizes the South Carolina Association of Student Council's representatives to obtain medical care for her/him in the event such care is necessary. If possible, the parent(s) or guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or hospital staff to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above individual. The parents or guardian of each student attending hereby releases the South Carolina Association of Student Councils and its representatives from liability for any occurrence in relation to said summer leadership camp.

Parent/ Guardian Signature: _____ Date: _____

2021 SCASC Summer Leadership Camp Participation Agreement

Dear Parent or Guardian: We are delighted that your son or daughter will be attending the Summer Leadership Camp of the South Carolina Association of Student Councils, July 11-15, 2021. Because we wish to ensure the best possible experience for your child, as well as other participants, we have developed the following behavioral expectations.

All delegates are expected to:

1. **Wear appropriate name badge** throughout the camp.
2. **Attend all sessions /meals/meetings** at the designated times and places. Food, drink (except water), or noisemakers are prohibited in general sessions.
3. **Always display the appropriate mode of attire and behavior** that is representative of any student council position.
Because the Workshop is held in the summer, students may dress casually, but appropriately. They must not bring controversial clothing to the workshop.
Controversial clothing includes: spaghetti strap or strapless tops; short shorts; crop tops; cut out or frayed clothing; bathing attire (except at the pool); tank tops with extra large arm and neck holes; clothing with ads for alcohol, tobacco, drugs, or with profanity, sexual pictures, or inference to these items. Students wearing prohibited apparel will be asked to change. Shirts and shoes must be worn at all times.
4. **Vehicles are not to be driven after you arrive at camp.** All keys are to be given to Austin China. Vehicles are off limits during the camp.
5. **Respect the rights and safety of others.** Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves or others will be sent home immediately at their expense. Students are expected to demonstrate respect toward other students, advisers, and presenters. Therefore, the following behavior will not be allowed: talking during presentations, interfering with delegate/staff members' ability to participate, or creating an intimidating, hostile, or offensive environment
6. **Respect the property of others.** Students are not to take objects from workshop areas or any other property visited. Theft and vandalism will not be tolerated.
7. **Inform an adult if a problem arises.** The safety and well-being of all student delegates attending this workshop are of utmost importance. For this reason, if at any time during the workshop an incident occurs that makes the student feel threatened or intimidated, he or she should tell a senior staff person immediately.
8. **Understand that the use of alcohol, tobacco products, vaping devices, e-cigarettes, or any paraphernalia associated with these things or illegal drugs as well as the possession of any type of weapon, play or real, is strictly prohibited.** Any student found possessing or under the influence of any illegal drug or alcohol, or possessing a weapon will be sent home immediately at his/her expense. SCASC senior staff will notify both the student's school principal and parents of the infraction.
9. **Locked Cabins-** For security reasons, the cabins will be locked during all sessions. Cabins will be open at lunch time, during recreation and dinner, and after the closing. Please plan accordingly. Restrooms are located in the buildings where meetings are held.
10. **Stay in designated areas!** No one is to leave camp without permission from the camp director or one of the deans. A staff member will go to the store daily to purchase essential items for delegates. Turn a list of times and money in at the staff house no later than the end of breakfast each morning.
11. **Cabin Check-** Everyone is to be in his/her cabin at the designated time each evening. No one is to leave the cabin after lights out, for any reason. If there is an emergency, contact your JC.
12. **Lights Out-** All lights and electronic devices (including cell phones) must be turned off at the designated "lights out" time.
13. **Be careful not to damage anything!** If you should accidentally break anything, report it immediately to one of the deans, so it can be addressed immediately.
14. **Cabins-**Girls are not allowed to be in or near boys cabins. Boys are not allowed to be in or near girls cabins.

15. **Social Media/Electronic devices:** Anyone using any form of social media in an inappropriate manner will not be tolerated and this behavior is strictly prohibited. Students are subject to being sent home and the students home school will be notified. Use of electronic devices, including cell phones, headphones and hand-held games is prohibited during any meeting, activity, or general session.
16. **Remain on the campgrounds and in designated areas.** Once students arrive at the workshop, those delegates that drove cars to the camp are required to turn in car keys to the designated senior staff member. No one is allowed to leave campus once the camp begins. Keys will be returned at breakfast on Thursday morning.
17. **Emergencies-** If you have an emergency, see a dean for assistance or one of the directors.
18. **Smoking, Alcohol and other illegal substances.** Smoking is not permitted! This includes e-cigarettes and any vaping devices. Use or possession of alcohol or any illegal substances will result in immediate dismissal from camp and your principal and advisor will be notified immediately which could jeopardize your school from attending in the future.
19. **Understand that the use of alcohol, tobacco products, vaping devices, e-cigarettes, or any paraphernalia associated with these things or illegal drugs as well as the possession of any type of weapon, play or real, is strictly prohibited.**
20. **Be sure to stay hydrated!** Coolers to refill water bottles will be stationed in the cafeteria.

Violation of any of these expectations may result in your student being sent home at his/her expense. (Of course, we would much prefer that everyone have an exciting and safe camp!) We appreciate your support of your child's involvement in leadership development. Your signatures below indicate that you have read and discussed the above guidelines with your student and are in agreement with these expectations. By signing you also agree and understand that no refunds will be given for any reason. Thank you!

Parent/Guardian Signature _____

Parent/Guardian Name (please print or type) _____

Student Signature _____

Student Name (please print or type) _____

Student's School Name _____

**South Carolina Association of Student Councils
Summer Camp Workshop Medication List 2021**

Name: _____ Cabin: _____

Cell Phone Number (for nurse to text) : _____

Medication: _____ Route:(How do you take it?): _____

Frequency : _____

What time of day do you take your medication? _____

Reason for taking: _____

Medication: _____ Route:(How do you take it?): _____

Frequency : _____

What time of day do you take your medication? _____

Reason for taking: _____

Medication: _____ Route:(How do you take it?): _____

Frequency : _____

What time of day do you take your medication? _____

Reason for taking: _____

Medication: _____ Route:(How do you take it?): _____

Frequency : _____

What time of day do you take your medication? _____

Reason for taking: _____

Medication: _____ Route:(How do you take it?): _____

Frequency : _____

What time of day do you take your medication? _____

Reason for taking: _____

Parent Signature & Date: _____

South Carolina FFA Center & South Carolina Association of Student Councils

COVID-19 Waiver

I acknowledge that I freely chose to attend the events at SC FFA Center with the South Carolina Association of Student Councils (SCASC). I understand that The SC FFA Center and SCASC has taken reasonable precautions to protect parents, students, administrators, staff, and employees from exposure to COVID-19 during this event. I agree that by attending this event, I will fully comply with all such measures or face ejection from the event. I will abide by social distancing guidelines and wear a face covering when instructed to. I further acknowledge that my attendance may expose me to the risk of exposure to COVID-19 in spite of the above measures, and I assume any such risk that may arise therefrom. I accept full responsibility for all medical expenses for any injuries or exposure I might receive by reason of my attendance.

By signing this form, I also hereby release SC FFA Center and SCASC, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain arising out of (a) my attendance at this event, (b) a failure to comply with the measures imposed by the SC FFA Center and SCASC, (c) a failure to comply with local, state, and federal laws and policies, procedures, and or (d) arising out of any damage or injury caused by myself or my child. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

Signatures

I confirm that I have carefully read this Acknowledgement and Release, fully understand the above conditions, and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

Student's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

**Don't Forget
your
insurance
card!**

All paperwork should be mailed to