

PAGE 1 - NERUSY'S CODE OF CONDUCT (Can be mailed separately from Health Form) – DUE AUG. 7

Rules are necessary for any group activity to be successful. Our goal at regional activities is to provide a safe, fun, and exciting experience for everyone. We do not expect any problems, but the rules for regional events are listed here for your information.

1. The Conservative Movement's standards regarding Shabbat will be strictly observed. This includes refraining from lighting fires, using radio or television or other electrical appliances, playing musical instruments, writing, and using or carrying money.
2. Kashrut will be strictly observed. All food must conform to standards of the United Synagogue of Conservative Judaism. Kinnus policy is to wait 3 hours between eating meat and milk products.
3. All males must wear kippot at services, study sessions, and meals. All post-Bar Mitzvah males must wear tallit and t'fillin at appropriate times. Females may do so at their discretion.
4. No one is to leave the program site at any time without the express permission of the convention staff.
5. There will be no visitors, youth or adult, without the permission of the convention staff.
6. All participants will be at all scheduled activities, and will arrive on time.
7. "Send-homeable" offenses are as follows: the use of drugs, alcohol, tobacco products, or unacceptable behavior. If one does occur, I accept responsibility for my child's actions and I understand that my child will be sent home at my expense and suspended from future USY events. If my child is found in the possession of drugs or alcohol then he/she will also be suspended from International and Regional programs for a period of one year.
8. I understand that as per Regional Youth Commission policy No Refunds will be given once registration has been received.
9. Use of prescription medications is restricted to the individual for whom they were prescribed.
10. Smoking by youth participants is not allowed during any regional function.
11. No participant may be away from his/her bunk or room after curfew without the permission of the program director or his/her designee.
12. Males and females may not be in each other's bunks or alone in any unsupervised fashion.
13. NERUSY reserves the right to search the belongings and the living space any participant inhabits during the course of any Regional event.
14. All participants will be expected to show *derech erez* (common courtesy) to one another at all times. Disrespectful behavior toward staff will not be tolerated.
15. The Regional Youth Director (or his/her designee) shall have the authority to determine sanctions to be applied against individuals and chapters for infractions of the above or for any behavior deemed inappropriate by the Regional Youth Director.

NERUSY'S PARENTAL CONSENT & USYER AGREEMENT – PLEASE SIGN

(Please note: This must be signed by a parent/guardian even if you are 18 years old)

I hereby give my son/daughter, _____, permission to attend NERUSY's Encampment. I understand that all necessary safety precautions, chaperons, and insurance have been arranged by the Region.

I understand that I am liable for all damage caused by my child to the property of others, and will reimburse United Synagogue, NERUSY Region, for such claims as determined by the Regional Youth Director.

I agree to hold harmless and indemnify the New England Region USY and the United Synagogue of Conservative Judaism from any and all claims or causes of action instituted by my child or on behalf of my child arising out of his/her participation in NERUSY's Encampment

I have reviewed the attached Convention Code with my child and understand that he/she must comply with the Code or be subject to disciplinary action to be determined by the Regional Youth Director. I understand that my child may be sent home from NERUSY's Encampment at my expense if found to be in violation of this Code.

Furthermore, in the event that I cannot be reached in an emergency, I hereby grant permission to the physician selected by the Encampment director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above. Of course, in the event of an emergency, every effort will be made to reach the parents or their proxy.

I have been made aware of the fact that the event in which my child is participating may be photographed by either amateur or professional photographers and that the photographs taken may be used both for purposes of reporting on the event or for such other use as the USY organization may determine. I have no objection to the pictures taken being used at any time for promotional use. It is my understanding that by signing this document I consent to the use of the pictures just referred to for any purpose whatsoever.

Signature of Parent/Legal Guardian

Date

USYer Agreement

As a participant in NERUSY's Encampment, I understand that I must abide by all the rules of the NERUSY Code of Conduct. I agree to attend all scheduled classes, workshops, programs, and meals. I will attend and participate in all religious services. I will observe all curfews and rules regarding when and if I may leave the convention site. I understand that any damage done to the property of others or of NERUSY for which I am responsible will be billed to me. I agree not to bring or use (consume) any alcoholic beverages or any other narcotics at any time during the event. I understand that violation of these rules can result in my immediate removal from the event at the expense of my parents. I will do all that I can to make this program a successful one of which all participants can be proud.

Signature of USY Participant

Date

MAIL TO NERUSY, 1320 Centre St. Suite 304, Newton, MA 02459 BY AUGUST 7th

PAGE 2 - CAMP HEALTH HISTORY and PARENT QUESTIONNAIRE

as developed by
 American Camping Association, Inc. in consultation with
 The American Medical Association and
 The American Academy of Pediatrics

INSTRUCTIONS
PLEASE MAIL THIS FORM TO:
NERUSY - 1320 Centre St. Suite 304
Newton, MA 02459

DEADLINE FOR HEALTH FORM - AUGUST 7, 2013

THIS SIDE TO BE FILLED OUT BY PARENT/GUARDIAN.

Name _____ Birth Date _____ Sex ____ Age ____ Grade ____
Last First Initial

Parent or Guardian _____ Phone (____) _____

Home Address and City _____

Business and/or Day Phone Number _____ Cell phone _____

If not available in an emergency, notify:
 Name _____ Relationship _____ Phone (____) _____
 Full Address _____

FAMILY MEDICAL/HOSPITAL INSURANCE CARRIER _____
 Group # _____ Policy # _____

HEALTH HISTORY: (Check – giving approximate dates and more specific information/details below.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> ADD with Hyperactivity | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> ADD without Hyperactivity | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Poison Ivy, etc. |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Panic/Anxiety Attacks | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Bleeding Clotting/Disorder | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> German Measles | <input type="checkbox"/> Psychological Treatment | <input type="checkbox"/> Other Drugs (specify below) |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Substances or Food |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Home sickness | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> (specify below) |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Menstruates (girls) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Stomach Upsets | |

More details, specific allergies or other diseases (from above) _____
 Operations, hospitalizations, serious injuries or illnesses (specify and give date) _____
 Disability or chronic or recurring illness (specify) _____
 Any specific activities to be restricted by physician's or parent's advice _____
 Dietary modifications _____
 Current medications or treatments _____
 Does your child have a history of/or suffer from depression, anxiety disorder, or anger management problems? Please specify _____

Is your child on any medication for behavior modification? _____ Please specify _____
 Has your child spent a week away from home previously? _____ Has child ever been denied enrollment or sent home early from a camp or weekend? _____ If yes, please explain _____
 Describe any circumstance that would result in (a) situation(s) not compatible with group living or any other possibility of problematic behavior _____
 Are there any special family situations that we should be aware of? _____
 Has your child suffered any unusual psychological/physical trauma? _____
 Please list any past illnesses that we should be aware of (both physical and psychological) _____

AUTHORIZATION AND VERIFICATION (This box must be completed)

The above information and health history is correct and completed to the best of my knowledge.

I, the parent or legal guardian, of the applicant, state that he/she is in good normal health, has no abnormal physical or mental handicaps and has my permission to engage in all prescribed camp activities except as noted under restrictions or modifications above or on the reverse side.

My child has no behavioral or emotional problems that would be detrimental or disruptive to others in attendance at camp.

I hereby give my permission to the camp:

1. To provide ongoing health care.
2. To select medical personnel and to order X-rays, routine tests or treatments for my child.
3. In case of medical emergency, accident or a serious health problem where immediate treatment is deemed necessary, I give permission to the physician selected by the Regional Youth Director, Regional Kadima Director or the person designated by the Region to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above. In such case, every effort will be made to contact the parent or guardian of the applicant.

I am aware that this form may be photocopied for use by medical caregivers.

Signature of parent or legal guardian _____ Print Name _____ Date _____

PAGE 3- PHYSICAL EXAMINATION

To be filled out by licensed physician within twelve months prior to camp (MUST be dated after August 19, 2012).

Other medical forms may be accepted (from other camps, summer programs, etc.) as long as the same information is included as requested below.

NAME OF CHILD: _____ DATE OF EXAMINATION: _____

Please record the date (month and year) of basic immunization and most recent booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
or		
Tetanus		
Diphtheria		
or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

Health Examination by Licensed Physician

Code: √ -- Satisfactory

x – Not Satisfactory (explain)

Hgt. _____ B.P. _____ Urinalysis test done _____ Wt. _____ Hgb. Test done _____
 Eyes _____ Extremities _____ Glasses _____ Posture (Spine) _____ Ears _____
 Skin _____ Nose _____ Allergies (please specify) _____
 Teeth _____ Heart _____ Menstrual history _____ Lungs _____ Abdomen _____
 Throat _____ Genitalia _____ Hernia _____ General appraisal _____

I have examined the above camp applicant on (date) _____
 In my opinion, the above's condition does _____/does not _____ preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medication): _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does applicant have epilepsy? Yes _____ No _____ Does applicant have diabetes? Yes _____ No _____

Recommendations and Restrictions While at Camp (diet, medicine, treatment, etc.) _____

Additional Health Information _____

X Licensed Physician's Signature _____ *By _____

Please print physician's full name: _____

Full Address _____ Phone _____

*Initial if completed by nurse or physician's assistant.