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## SECTION 2: APPLICANT HEALTH INFORMATION

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### MEDICAL INFORMATION FORM

Today's Date: \_\_\_\_\_

#### **Health History**

Child's Name (Last, First, M.I.): \_\_\_\_\_

Gender (check one):      Male     Female     DOB (mm/dd/yy): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live in home with child? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Does Parent/Guardian live in home with child? \_\_\_\_\_

Is/Has child been under regular supervision of a physician? \_\_\_\_\_

Name and address of physician \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

#### **Health and Developmental History**

**Childhood illness:** Check any that apply

Measles     Mumps     Asthma     Chickenpox     Rheumatic Fever     Hay Fever     Diabetes

Epilepsy     Whooping Cough     Poliomyelitis     Ten Day Measles (Rubella)     Three Day Measles (Rubella)

Other (please list): \_\_\_\_\_

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the Delta GEMS Institute youth initiatives program?

(check one)     None     Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the Delta GEMS Institute youth initiatives program?

(check one)     None     Yes

If yes, please provide detailed explanation \_\_\_\_\_

\_\_\_\_\_

Specify any other serious or severe illnesses or accidents: \_\_\_\_\_

\_\_\_\_\_

Does child take prescribed medications? (check one)     None     Yes

Name the medications: \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

(For any medications or treatment required during the course of the Delta GEMS Institute youth initiatives program, a Medication

Authorization Form should be completed and submitted with this form.)

Does child take any over the counter medications frequently? \_\_\_\_\_

Name the medications: \_\_\_\_\_

Frequency Taken: \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

Specify: \_\_\_\_\_

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.): \_\_\_\_\_

Name the Device(s): \_\_\_\_\_

Reason for use: \_\_\_\_\_

**HEALTH INFORMATION**

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Bee sting or insect bite \_\_\_\_\_

Other \_\_\_\_\_

Asthma

Inhaler required at Program

Vision Problems

Glasses

Hearing Problems

Hearing Aid(s)

ADD/ADHD

Contacts

Other \_\_\_\_\_

List all medications and dosages your child receives on a continual basis:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION AUTHORIZATION FORM**

(To be filled out by the physician dispensing the medication)

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Reason for medication \_\_\_\_\_

Route of administration \_\_\_\_\_

Possible side effects and significant information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's signature \_\_\_\_\_

Physician's telephone number \_\_\_\_\_

**PARENTAL PERMISSION FORM  
ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for \_\_\_\_\_ to take \_\_\_\_\_ at the Delta GEMS Institute youth initiatives program as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to GEMS Mentor at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish this medication and any authorized refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, the Delta GEMS Institute youth initiatives program, its agents, and/or any employee who administers any drug to my/our child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. The Delta GEMS Institute youth initiatives program reserves the right to refrain from administering medication if in the judgment of the Delta GEMS Institute youth initiatives program, or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

I/We understand that the medication must be brought to the Delta GEMS Institute youth initiatives program by me/us in the original appropriately labeled container. If I/we cannot bring the medication to the Delta GEMS Institute youth initiatives program, I/we will call the Delta GEMS Institute youth initiatives program to inform them that my/our child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION PERMIT**

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized GEMS mentor and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

- For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.
- For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
- For nasal congestion/sinus pressure:** Decongestant
- For sore throat:** Throat lozenges (e.g., Cepacol lozenges)
- For coughs:** Cough drops/lozenges or cough suppressant.
- For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)
- For sun protection:** Sunscreen lotion SPF 30.
- I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICIAN & INSURANCE INFORMATION**

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Name of Policy Holder's Employer \_\_\_\_\_

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### SECTION 3: TRANSPORTATION INFORMATION

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How will your child travel to and from Delta GEMS meetings and activities?

Car       Walk       Public Transportation       Other (please specify) \_\_\_\_\_

Do you have any additional persons (*other than parent/guardians & emergency contacts listed in this form*) who you approve to transport your child? If yes, please list (this may include a sibling, grandparent, family friend, etc.)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**WAIVER AND PERMISSION TO TRANSPORT YOUTH**

**Child/Charge:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Driver:** \_\_\_\_\_

I give permission for my child/charge (“child”) to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect the vehicles they ride in, and the person they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Delta Sigma Theta Sorority, Inc. and Hinesville Alumnae Chapter from any claim that I might have myself or that I could bring on my child’s behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian’s SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s PRINTED Name: \_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s PRINTED Name: \_\_\_\_\_

## SECTION 4: EMERGENCY CONTACT INFORMATION

### EMERGENCY CONTACT INFORMATION

#### Parent/Guardian #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

#### Parent/Guardian #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.**

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION 5: CONSENT FORMS

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### YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Delta GEMS Institute youth initiatives program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Hinesville Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Hinesville Alumnae Chapter in writing of any changes to the above list of authorized persons.*

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM**

I/We, \_\_\_\_\_ (“Parent/Guardian”), as parents or legal guardian(s) of \_\_\_\_\_, give permission for Hinesville Chapter of Delta Sigma Theta Sorority, Incorporated to publish in any publication, educational material, advertising, news media, World Wide Web materials or media still photographs or moving images, including, if applicable any sound recordings accompanying the images taken of my child at Delta GEMS activities without payment or any consideration and without notifying me.

I/We understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the Chapter, which shall have complete ownership of the images. I shall have no right or title to such items and hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Delta GEMS program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we the parents/guardians of \_\_\_\_\_, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian’s SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s PRINTED Name: \_\_\_\_\_

Parent/Guardian’s SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s PRINTED Name: \_\_\_\_\_

WORKSHOP PERMISSION

I grant permission of my daughter, \_\_\_\_\_, to participate in the workshops presented to the participants of the Delta GEMS Program sponsored by the Hinesville Alumnae Chapter. I understand that most of the workshops are listed in the Delta GEMS/Hinesville Alumnae Chapter yearly calendar.

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's PRINTED Name: \_\_\_\_\_

If you have any objectionable topics, please list them and sign below:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's PRINTED Name: \_\_\_\_\_

FIELD TRIP PERMISSION

As the parent/guardian of, \_\_\_\_\_, I hereby give consent for her to attend field trips with DELTA GEMS Program sponsored by the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. My daughter and I understand that she is to comply with all rules and regulations established by all representatives of Delta Sigma Theta Sorority, Inc. I understand that precautions will be taken to ensure my daughter's safety. I, therefore, will not hold the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my daughter. Field trips are subject to change, and notification is at the discretion of Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian's SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's PRINTED Name: \_\_\_\_\_

Effective Date: August 1, 2017

Expiration Date: July 31, 2018

## CODE OF CONDUCT FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES PROGRAM

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where GEMS activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

### Sanctions for Violating Code of Conduct

#### **Bad Language/Abusive Teasing, Disrespectful Behavior and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1day suspension from program

4th Time: 1week suspension from program

*Next occurrence youth is removed from the program.*

#### **Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1day suspension from program

3rd Time: 1week suspension from program

*Next occurrence youth is removed from the program.*

#### **Illegal Substances or Dangerous Weapons:**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the Delta GEMS Institute program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DELTA GEMS CODE OF CONDUCT

I will cooperate with all adults in charge. I will be sensitive to the needs of the each participant.

I will respect the people and places with which I come in contact.

I will adhere to the Delta GEMS dress code.

I will participate in required activities & discussions, be on time for all scheduled activities, and be open to new ideas. In the event I must miss an event, I will contact a member of the Delta GEMS Committee at least 24 hours ahead of the activity.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will remember that I am a member of a program sponsored by the women of Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and I must abide by a high standard of conduct. My behavior will reflect the high standard of conduct. My values and expectations for conduct described in this code of conduct and lady like etiquette.

I will be responsible for all my personal belongings.

I understand that I will receive two warnings for unacceptable behavior. After two warnings, my parent/guardian may be notified. I understand if I am sent home early due to any misconduct, it will be my parent’s responsibility to provide transportation regardless of the time of day or night. I also understand that any parent’s responsibility to provide transportation regardless of the time of day or night. I also understand that any additional costs for transportation will be my parent’s responsibility.

I understand that more than (2) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I understand that my attitude and behavior are central to the success of this activity sponsored by the Hinesville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. Therefore, for the good of this activity, as well as for myself and my fellow group members, I agree to abide by the statements above:

Student SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Student PRINTED Name: \_\_\_\_\_

As the parent/guardian, I understand and agree with the above responsibilities fully accepted by my daughter. Should it be necessary, I will provide transportation for my daughter regardless of the time or day or night. I will not hold Hinesville Alumnae Chapter or its members responsible if my daughter is sent home early due to misconduct.

Parent/Guardian’s SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian’s PRINTED Name: \_\_\_\_\_

# THE CONTRACT

## HINESVILLE ALUMNAE DELTA GEMS

I will respect everyone else’s privacy.

There is to be no teasing or prying.

Each individual has the right to decide whether to share private thoughts during Delta GEMS meetings or discussions.

Anybody who wants to simply sit and listen may do so, with the understanding that participation is beneficial but voluntary.

I will show everyone respect.

There will be no teasing or scolding. The idea is for the whole group to arrive at its goals, but each individual will progress at a different rate.

I will uphold the family confidentiality.

There will be no telling.

What happens and what is said within the group stays within the group.

Group members should feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the group will find out things they’d rather keep private.

I will trust my group members.

There will be no blaming and no lying.

I promise to make my best effort to be honest, accepting that no one is perfect and everyone make mistakes from time to time.

I will show up on time for group meetings and activities.

I will complete all my homework assignments.

I will listen to others without interrupting.

I will be positive and try to encourage everyone in my group.

If you agree to all of the above, sign below.

Student SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Student PRINTED Name: \_\_\_\_\_