

FOOD ALLERGY POLICY

1. Parents/Guardians will be required to provide an appropriate morning snack, lunch, afternoon snack and beverages. If a child arrives without a bag lunch, snacks and/or beverage, a parent/guardian will be notified immediately and we will request that a sandwich is brought to the park before 12.00 p.m., or a child may be sent home, or a fee will be charged for a lunch purchase. We don't provide refrigeration for packed lunches & snacks. If a child shows signs of dehydration, staff members will provide water to children. Staff will ensure all participants have water with them at all times.

These precautions will ensure your child's food is safe to eat. Food is not likely to be contaminated with food poisoning bacteria if you:

- Store and prepare cooked and raw food separately. ☐
- Wash hands, cutting board or other equipment before preparing food. ☐
- Ensure that food is cooked thoroughly.

2. Union County recognizes that food allergies, in some instances, may be severe and even occasionally life-threatening. The foods most likely to cause allergic reactions are peanuts, tree nuts, dairy products, eggs, soy, wheat, fish, and shell-fish. Although most food allergies produce symptoms that are uncomfortable, persons with allergies to the above-listed foods can suffer more serious consequences.

3. Parents of students with life-threatening allergies must provide Union County with emergency medications and a written medical treatment protocol for their student for addressing allergy-related events. Union County will keep medication and epinephrine (EpiPen) provided by student's guardian in a secure location where Union County Staff can access it when necessary.

4. Information pertaining to a student's allergies will be shared with Union County staff that have contact with the student, but otherwise will be kept as confidential as possible.

5. Peanut allergies are among the most common. Accordingly, Union County will educate all guests about the awareness of food allergies and encourage all families to provide lunch and snacks that are free of nuts to ensure the student's safety.

6. Union County requires that all staff and students wash their hands before and immediately after eating.

7. Though Union County is committed to student safety we cannot guarantee that a student will never experience an allergy related event while in our care, and therefore has created this policy to reduce the risk that children with allergies will have an allergy-related event.

Legal Guardian (Please print name) _____

Day Camp Participant (Please print name) _____

Signature _____

Date _____

2019 UCPR Active Outdoors Camp

Discipline & Behavior Management Policy

The camp is designed for all participants and camp staff to enjoy activities and programs that will stretch their imagination, creativity, and bodies in a fun, recreational setting. This the best effort of all involved – participants, camp staff, parent/guardians, and Parks & Recreation Dept. staff.

Our preferred method of behavior management is positive reinforcement. Our camp staff will practice the following:

- Encouraging and praising appropriate behavior.
- Modeling appropriate behavior
- Listening to participants
- Respecting the feelings of participants
- Preventing problems before they occur

Our camp staff will not:

- Physically discipline participants
- Allow participants to mistreat others
- Relate discipline to food or rest
- Allow any abusive language, weapons, etc.

Inappropriate behavior affects everyone and, therefore, will be dealt with immediately. Any/all inappropriate behavior will be documented and dealt with through the following steps:

1. **First Occurrence:** Verbal warning from Camp Counselors.
2. **Second Occurrence:** Time out from activity
3. **Third Occurrence:** Participant must be picked up immediately, regardless of location.
If the participant continues to demonstrate inappropriate behavior the next day, camp counselors and administration may dismiss the participant from the remainder of camp.

**** If the participant's action requires immediate removal from the camp, the parent/guardian will be called to pick up participant immediately. NO REFUNDS WILL BE GIVEN. ****

I have read and discussed this Discipline & Behavior Management Policy with my child(s) and we are in agreement that it will be followed.

Parent/Guardian Signature

Date

Participants Signature

Date

2019 UCPR Active Outdoors Camp Consent Form

Participant's Name: _____ Nickname: _____

Current School _____ Current Grade Level _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone # _____

Father's Name _____

Address _____ City _____ State _____ Zip _____

Employer _____

Home Phone # _____ Work Phone # _____ Other # _____

Email Address _____

Mother's Name _____

Address _____ City _____ State _____ Zip _____

Employer _____

Home Phone # _____ Work Phone # _____ Other # _____

Email Address _____

Family Medical Insurance:

Carrier _____ Group _____

Policy # _____ Group _____ ID# _____

Medical Information:

Family Physician's Name _____ Address _____

City _____ State _____ Zip _____ Phone # _____ Alternate Phone # _____

Allergies (list):

Would the participant need any modifications to participate in the program? Yes No

Record of vaccinations and dates:

DTP* _____ Rubella _____ TD or Tetanus _____

Mumps _____ Polio, Oral* _____

***Required by State Law F.S. 130-87 (B) requires measles vaccine to be on or after first birthday.**

Emergency Contact Name _____ Phone Number _____ Emergency

Contact Name _____ Phone Number _____ **Names and Phone**

People that are allowed to pick up your child(ren).

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

RELEASE AND PARTICIPATION AGREEMENT FOR MINORS

I hereby give _____ my permission to participate and be involved in the following activity or program sponsored by Union County Parks and Recreation: Active Outdoors Camp **[Name of Program or Activity]** (the "Program"), to be held at Cane Creek Park **[County Facility/Park name]** from _____, 20___. I represent and warrant that I am the parent or legal guardian of the above named person and I am legally competent to execute this Release and Participation Agreement for Minors.

By this authorization, I hereby approve of the Program and accept the premises, facilities, equipment, and supervision as being satisfactory for the above named person. I understand and acknowledge that the activities in which the above named person shall be engaged are of a kind and character such that they may result in bodily injury. I have been given the opportunity to inspect the premises and equipment and have talked with officials of Union County Parks and Recreation, or waive the right to do so. I understand that immediately prior to any activity involved in the Program named hereinabove, I have the right to inspect the premises, facilities or equipment and will notify the Program officials of any objection to the premises, supervision, facilities, or equipment used in connection therewith. I hereby release Union County, its officers, employees and agents from any and all damages on behalf of the above named person and on my behalf, which would or could be based on the adequacy of the premises, supervision, facilities, or equipment used in the Program named above. I further agree to protect, defend, indemnify and hold Union County, its officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind in connection with or arising out of injury to the above named person during this Program.

I consent to emergency medical treatment for the above named person in the event he/she suffers any injury and/or illness while participating in the Program. I understand and accept that any medical costs incurred with respect to such medical treatment will be my responsibility.

In addition, I hereby give Union County and its individual divisions ("Union County") the irrevocable right and unrestricted permission to prepare, use, reproduce, publish, re-publish, and exhibit photographs or video depictions of the above named person and the above named person's participation in the Program for any purpose authorized by Union County, including but not limited to: public relations, promotions, marketing, and education programs through any form of media. These forms of media include, but are not limited to, the Internet, television, radio, cable, print, or audio. I give this right in perpetuity and without compensation. This authorization includes the right to modify and retouch the photograph and video depictions at the discretion of Union County. Any of these photographs or video depictions may be used without my or the above named person's prior inspection or approval of the finished product. I hereby waive the above named person's right to privacy with the consent given herein. I hereby release, discharge, and agree to hold harmless Union County from any liability whatsoever and agree that this photo/video consent, waiver, and release will not be made the basis of a future claim of any kind.

This the ____ day of _____, 20__.

Parent or Legal Guardian (Print Name)

Parent or Legal Guardian (Signature)

**2019 UCPR Active Outdoors Camp
Medication Information**

Physician's Authorization of Prescription and Non-Prescription Medication

Name of Child _____ **Birth Date** _____

In order to keep this child in optimum health and to help maintain maximum performance and sustain attendance, it is necessary that medication be given during day camp hours.

Medication _____ **Color of medication** _____
(Include trade name)

Medication to be given is circled below:

Tablet Ointment Capsule Inhalation Liquid

Other (specify) _____

Dosage (amount to be given) _____

Times medication to be given: AM _____ PM _____ To be given from (date) _____ to _____

Side effects (expected or predictable) _____

Child's parent knows of this request and is in full agreement that this medication will be supplied as needed. Should the participant manifest any of the following symptoms caused by the medication, please contact the parent.

Contraindications for Administration _____

Physician's Signature

Date

Parent's Permission

I hereby give my permission for my child (named above) to receive medication during day camp hours. I understand that Union County undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release Union County, its agents and employees, from any and all liability that may result from my child taking prescription and non-prescription medication.

Parent's/Guardian's Signature

Telephone Number

Date

(ALP Dept. Use Only)

Name and Title of Person to Administer Drug _____

Approved by _____
Program Supervisor's Signature

Date

2019 UCPR Active Outdoors Camp

"Get to Know the Camper!" Form

Camper's Name _____

Age _____ Birth Date _____

Likes _____

Dislikes _____

Any Behavioral Problems _____

Sensitive Subjects _____

Allergies: Foods _____

Medications _____

Insects, etc. _____

Anything else day camp staff should know about your child?

T-Shirt Size (Check one)

Youth Small

Youth Medium

Youth Large

Youth XL

Adult Small