

Young Neighbors in Action Code of Behavior

We are happy and excited that you are joining us as part of *Young Neighbors in Action*. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the week, and of making the service-learning experience a healthy and growthful one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- ◆ As necessary as rules are to maintain order, they can't and won't guarantee a successful *Young Neighbors* experience. Success depends on people's willingness to work together for the common good.
- ◆ Participants take part in *Young Neighbors* as part of a parish or school team. The adult leader of each team maintains primary responsibility for the actions of his or her team members. The sponsoring parish or school, and the families of team members assume responsibility for any damage done to the housing or work facilities.
- ◆ While away from the housing facility, youth participants must be accompanied at all times by an adult leader. Team members will travel to all program activities as a group.
- ◆ Participants are expected to attend all sessions unless explicitly excused by the Program Director. Name badges should be worn during all program activities.
- ◆ Dress throughout the *Young Neighbors* experience is casual; however shirts and shoes must be worn at all sessions and meals.
- ◆ Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex without the presence of an adult leader and the permission of the Program Director.
- ◆ Each day will be a busy one—making adequate sleep a necessity. Participants must be in their respective rooms by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- ◆ Smoking by participants, youth and adult, is discouraged. Youth participants may smoke only with an authorizing letter from their parent(s) or guardian. Smoking is not allowed during program activities and is subject to local legal restrictions and any guidelines established by the program facility.
- ◆ The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the *Young Neighbors in Action Code of Behavior*. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the *Young Neighbors* program and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the *Young Neighbors in Action Code of Behavior*. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or my parent's expense. (Your signature must appear below in order to participate in the *Young Neighbors in Action* program.)

Signature _____ Date _____

Parish Name _____ City _____

Young Neighbors in Action **Combined Consent and Health Form**

(Your signature at the end indicates your consent and acceptance
of the provisions included in this document)

***Young Neighbors in Action* Program Site** _____

Program Starting Date (month/day/year) _____

Name _____ **Date of Birth** _____

Parish/School _____ **City & State** _____

Age _____ **Sex** _____ **Home Phone ()** _____

Work Phone: Father () _____ **Mother ()** _____

Mailing Address _____

City/State/ZIP _____

PARTICIPATION CONSENT: I, (Name of Parent or Guardian) _____
grant permission for my son/daughter to participate in the *Young Neighbors in Action* program.

LIABILITY WAIVER: I will not hold the Center for Ministry Development, the program facility, or the service agency responsible in the event of any injury or accident to my son or daughter while participating in the *Young Neighbors in Action* program and/or traveling to and from program activities.

USE OF PHOTOS: I give the Center for Ministry Development permission to use photos or videos of my child taken during program activities for future program promotion purposes.

STATEMENT OF HEALTH: I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

INSURANCE INFORMATION

Family Health Insurance Co.: _____ **Policy No.** _____

MOST RECENT PHYSICAL EXAMINATION (Provide information on your child's most recent examination)

Date of Examination: _____

Physician or Clinic: _____ **Phone** _____

Physician/Clinic Address _____

IMMUNIZATIONS: (Please provide date of latest tetanus immunization) _____

MEDICATIONS: Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency.

I understand that all prescription medication will remain in the possession of the adult team leader and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, acetaminophen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

If there are any non-prescription drugs you do not want administered to your child please list them below:

ALLERGIES (Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.)

OPERATIONS OR SERIOUS INJURIES (Within the past 18 months)

Operation/Injury _____ **Date** _____

COMMUNICABLE DISEASES: Please notify CMD if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the **Young Neighbors** program.

MEDICAL EMERGENCY

In case of medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the *Young Neighbors* program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

SIGNATURE OF PARENT OR GUARDIAN

I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved *Young Neighbors* program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the **Young Neighbors** program.)

Signature _____ **Date** _____

RETURN TO: The Leader of your parish or school *Young Neighbors in Action* Team.