



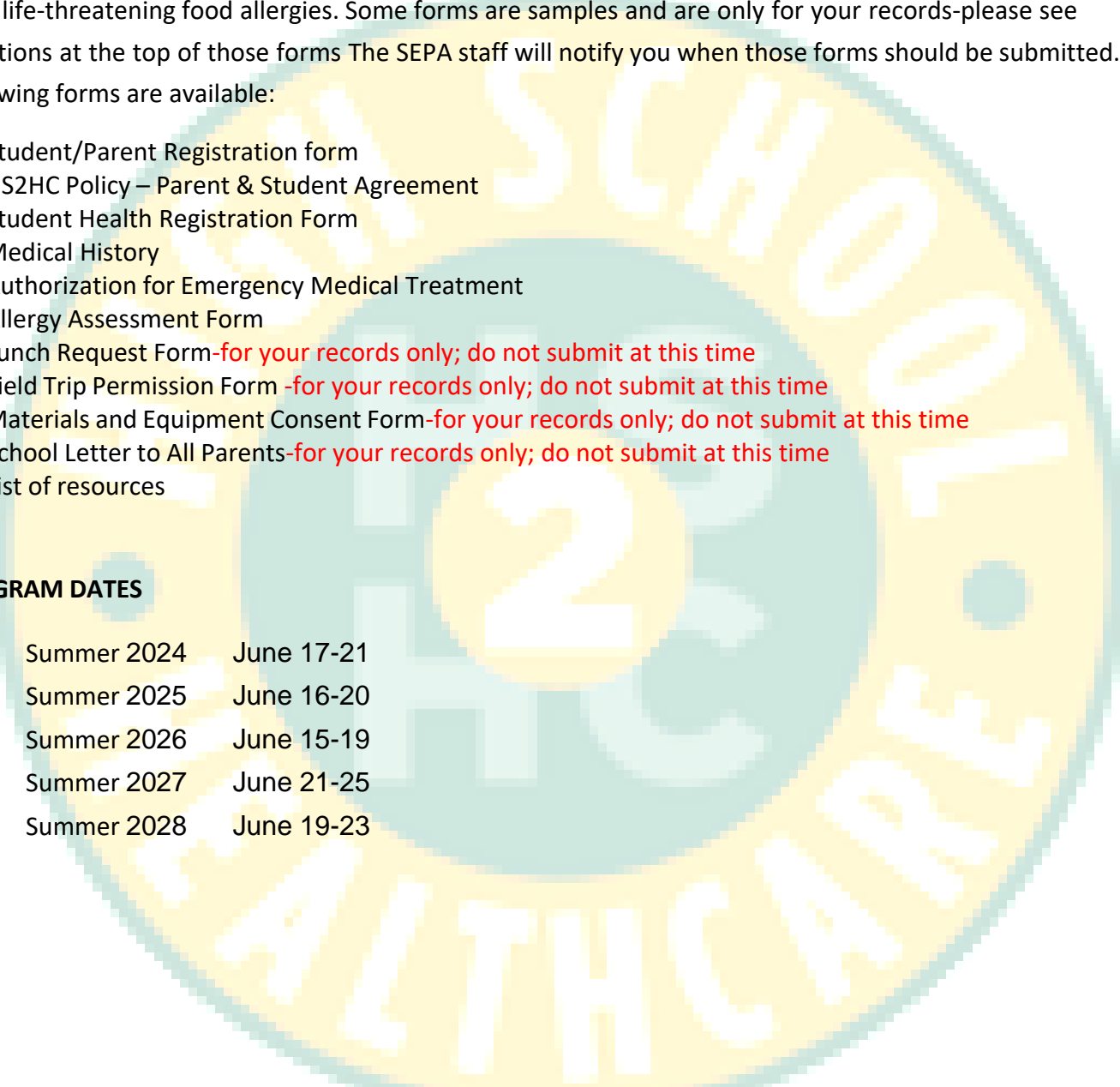
HS2HC SUMMER CAMP FORMS

This section of the guidelines offer various sample forms and tools WE use to provide for the care of students with life-threatening food allergies. Some forms are samples and are only for your records-please see notations at the top of those forms The SEPA staff will notify you when those forms should be submitted. The following forms are available:

- Student/Parent Registration form
- HS2HC Policy – Parent & Student Agreement
- Student Health Registration Form
- Medical History
- Authorization for Emergency Medical Treatment
- Allergy Assessment Form
- Lunch Request Form-**for your records only; do not submit at this time**
- Field Trip Permission Form -**for your records only; do not submit at this time**
- Materials and Equipment Consent Form-**for your records only; do not submit at this time**
- School Letter to All Parents-**for your records only; do not submit at this time**
- List of resources

PROGRAM DATES

- Summer 2024 June 17-21
- Summer 2025 June 16-20
- Summer 2026 June 15-19
- Summer 2027 June 21-25
- Summer 2028 June 19-23



STUDENT & PARENT REGISTRATION FORM

(PLEASE PRINT CLEARLY)

Student's Name: _____

Mailing Address: _____

Grade in Fall 2023: _____

Child's T-Shirt Size _____

Parent 1/Guardian Name: _____

Parent 1/Guardian E-Mail Address: _____

Parent 1/Guardian Day Phone #: _____

Parent 1/Guardian Cell Phone #: _____

Relationship to Student? _____

Parent 2/Guardian Name: _____

Parent 2/Guardian E-Mail Address: _____

Parent 2/Guardian Day Phone #: _____

Parent 2/Guardian Cell Phone #: _____

Relationship to Student? _____

Alternate Emergency Contact 1: _____

Alternate Emergency Contact 2: _____

High School Name: _____

High School Address: _____

Guidance Counselor name _____

Guidance Counselor email _____

Please indicate whether or not you agree to have your child participate in this **one-week camp** by checking once below:

_____ I grant permission for my child, _____, to participate in the **one-week** study. Entitled High School to Health Care (HS2HC) (SIGN ONE COPY MAKE A COPY FOR YOUR RECORDS).

_____ I do NOT grant permission for my child, _____, to participate in the **one-week** study Entitled High School To Health Care (HS2HC). (SIGN ONLY ONE COPY AND KEEP A COPY FOR YOUR RECORDS).

Parent or Guardian **Print** Name

Parent or Guardian **Signature here**

Date

Email

Phone Number

ALLERGY NOTICE 1

High School To Health Care (HS2HC) is committed to a nut or nut related products free zone. We ask that parents do not send these products with their students to any of the locations where activities are held. Lunches are provided by the local district in accordance with school district policies. Lunches will contain dairy products. We will attempt to provide copies of lunch menus in a timely manner. However, please notify the staff if any item is an issue for your student. Please fill out the health registration as fully as possible.



UNIVERSITY RESEARCH STATEMENT

This study has been reviewed by The, University Of Tennessee Health Science Center (UTHSC) Institutional Review Board. You May Contact Cameron Barclay, MSA, UTHSC IRB Director, at 901-448-4824, or visit the IRB website at <http://www.uthsc.edu/research/compliance/irb/> if you have any questions about your rights as a research subject, or if you have questions, concerns, or complaints about the research.

PARENT STUDENT AGREEMENT

Please initial each statement

_____ INCLUDED IN PROGRAMMING: There is no Program tuition costs for this research project. Program includes a school district provided lunch and snack, and academic expenses. Off-campus event travel via bus is also included. Students are responsible for fees arising from personal items purchased at site location or field trips.

_____ We understand that common science lab chemicals and equipment may be used in the activities for the HS2HC summer program. As a precautionary statement we understand that HS2HC will inform students and parents of all items used in activities prior to the start of the program and a consent agreement will be part of the documentation (see Materials and Equipment permission forms).

_____ We understand that communication from HS2HC will be sent to the student and parent email addresses provided on this application. We will add HS2HC@utm.edu to our safe senders list

_____ We understand that applications from qualified students are processed in the order received and that applications may exceed available spaces.

_____ We understand that spaces are limited, and we may be placed on a waitlist.

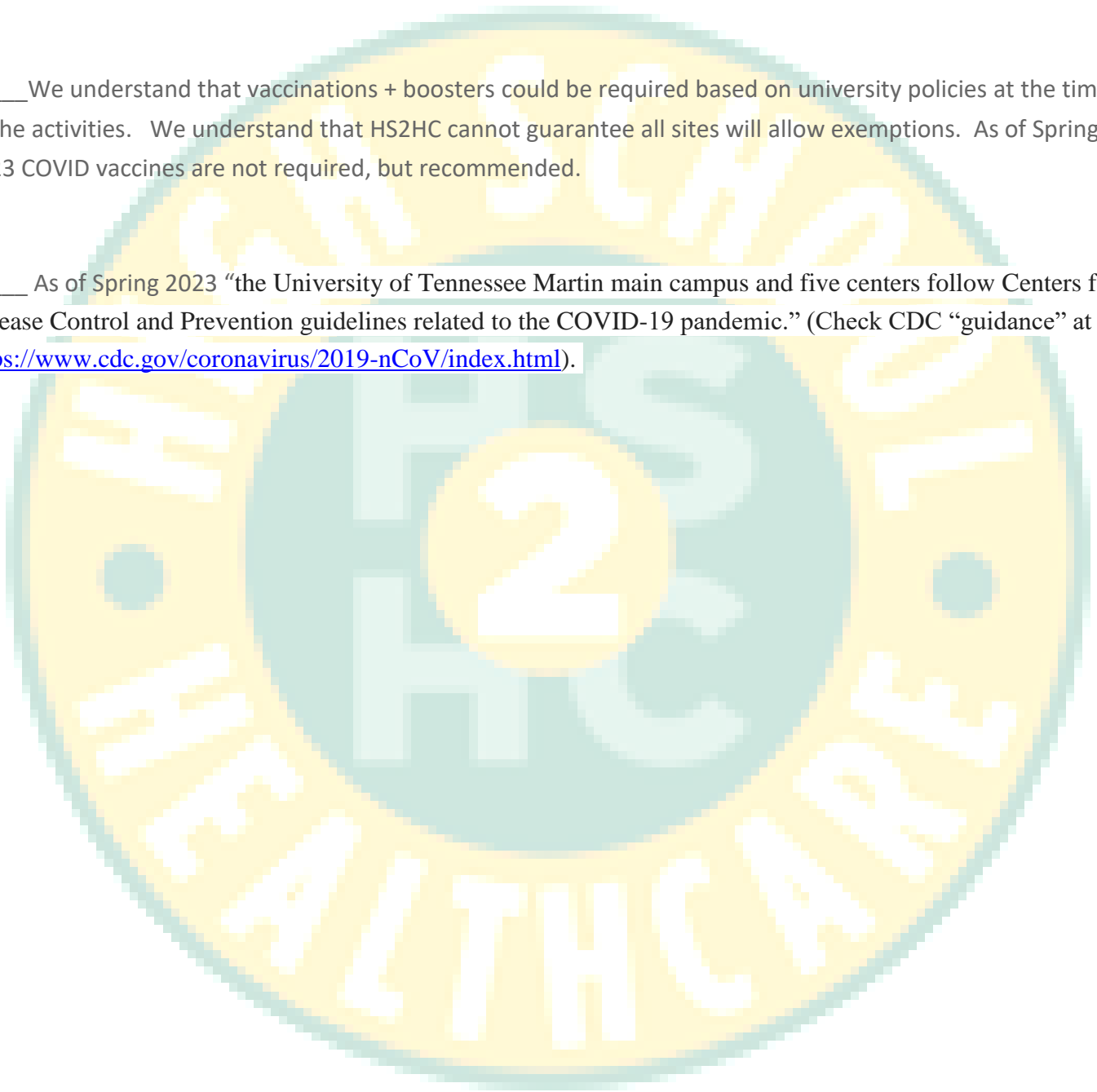
_____ We understand that this is an application for participation in the Program and enrollment is contingent upon approval by HS2HC at its discretion.

_____ We understand additional required forms must be signed in order to participate in the HS2HC. Included in these forms is a comprehensive Code of Conduct which details guidelines for behavior and prohibits possession of such substances as drugs, alcohol, and tobacco. A minors campus policy may require additional forms (see <https://www.utm.edu/offices-and-services/public-safety/programs-involving-minors.php>). We understand that failure to abide by any required code of conduct may result in immediate dismissal.

_____ We understand that field trips listed on the HS2HC website/brochure are examples of currently planned trips. We understand that field trips are contingent and subject to change based on each facility’s guidelines, security protocols and staffing.

_____ We understand that vaccinations + boosters could be required based on university policies at the time of the activities. We understand that HS2HC cannot guarantee all sites will allow exemptions. As of Spring 2023 COVID vaccines are not required, but recommended.

_____ As of Spring 2023 “the University of Tennessee Martin main campus and five centers follow Centers for Disease Control and Prevention guidelines related to the COVID-19 pandemic.” (Check CDC “guidance” at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>).



STUDENT HEALTH REGISTRATION FORM

This questionnaire is designed to aid program staff in anticipating any health concerns that might affect your child's safety or learning.

MEDICAL

Does your child have a doctor or nurse practitioner? Yes ___ No ___

Name of child's doctor or nurse practitioner _____ phone number _____

DENTAL

Does your child have a dentist? Yes ___ No ___ Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes ___ No ___ Don't know ___

Describe the condition of your child's teeth? Good ___ Fair ___ Poor ___ Don't know ___

INSURANCE

Does your child have medical insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does your child have dental insurance coverage? Yes ___ No ___ Don't know ___ Name of provider _____

Does Medicaid insure him/her? (Apple Health for kids) Yes ___ No ___ Don't know ___

MEDICAL HISTORY

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes * ___ No ___ Describe: _____

Does your student have medication for the condition, and do they know how to use it?

Does your child take any medication? Yes ___ No ___
 _____ If yes, name of medication: _____

***If your child needs to take medication at school, please Note that staff will not administer medicine to any student.**

Purpose _____ Will
 medication be needed at school? Yes* ___
 No _____

HEARING/VISION

Does your child wear hearing aids? Yes ___ No ___

Does your child wear glasses or contacts? Yes ___ No ___

SPEECH/LANGUAGE

Does your child wear hearing aids? Yes ___ No ___

Explain any concerns the project teams need to know about:

Do others have difficulty understanding your child? Yes _____ No ___ If yes, please explain:

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ Date

Allergy Assessment Form

Student Name: _____ Date of Birth: _____ Date: _____

Parent/Guardian: _____ Phone: _____ Cell/work: _____

Health Care Provider (name) treating food allergy: _____ Phone: _____

Do you plan for your child to receive Summer lunch meals? Yes _____

Does your student have an allergy Yes _____, No _____

*If you answered "Yes" to any question in the "Allergies Section, Please Complete Food Allergy Assessment form below

ALLERGIES

- Plants Animals Food Dairy Mold Drugs
Bees Other

Check the foods that have caused an allergic reaction:

- Peanuts Fish/shellfish Eggs
 Peanut or nut butter Soy products Milk
 Peanut or nut oils Tree nuts (walnuts, almonds, pecans, etc.)

Please list any others: _____

How many times has your student had a reaction? Never Once More than once, explain: _____

Please describe the allergic reaction and the treatment for **each** checked allergy or known allergy:

When was the last reaction? _____

Are the food allergy reactions: staying the same getting worse getting better

Do **you think** your child's allergy may be **life-threatening**? No Yes

Did your student's **health care provider tell you** the food allergy may be **life-threatening**? No Yes

Treatment

Has your student ever needed treatment at a clinic or the hospital for an allergic reaction?

No Yes, explain: _____

Does your student understand how to avoid foods that cause allergic reactions? Yes No

What treatment or medication has your health care provider recommended for use in an allergic reaction?

If you intend for your child to eat Summer project provided meals, have you filled out a Lunch Request Form for summer?

Yes (SEE BELOW)

No

DO NOT COMPLETE AT THIS TIME- FOR YOUR RECORDS



Lunch Request Form

Date of Request: _____

(Minimum One Week Notice Required)

School: _____

Teacher: _____ Location: _____

Number of Days Lunches Requested: _____

Time for Sack Lunch Pick-Up in Cafeteria: _____

* Are there student(s) with food allergies/special dietary needs? Yes _____ NO _____

DO NOT COMPLETE - FOR YOUR RECORDS ONLY

List children with food allergies/special dietary needs (*appropriate documentation must be on file with program manager*):

First Name	Last Name	Specific Food Allergy <u>OR</u> Special Dietary Need

ATTN. TEACHERS: If someone other than the student(s) is picking up the sack lunches, the teacher requesting the lunches must provide a roster of the names or ID#'s of all students for whom sack lunches are being requested. Attach additional sheets if required. The student roster should be used as the official check off form for sack lunches when they are distributed at the field trip site. Form cannot be completed (acknowledging receipt of meals) prior to meal distribution.

Completed Forms must be returned to the lunchroom staff after the event has occurred!

For Nutrition Services Use Only:		
	Number of Lunches:	
Date Ordered: _____	Regular: _____	
	Vegetarian: _____	
	Other (see above): _____	

Date of Field Trip: _____ Requested Delivery Date to Kitchen: _____

TO BE COMPLETED AT TIME OF FIELD TRIP-DO NOT SUBMIT AT THIS TIME

PERMISSION SLIP FOR FIELD TRIP

HS2HC has a special field trip planned and would like your permission to take your child.

Date of trip _____ Departure Time _____

Location of Trip _____ Return Time _____

Phone (_____) _____ Method of Travel _____

Drivers(s) _____

To give permission, please sign the lower half of the permission slip and return it to the class by _

(Date) _____

(keep the top half for your information)

(cut along dotted line and return bottom half)

PERMISSION SLIP FOR FIELD TRIP

Child's name _____ (Last) (First)

I give permission for my child to attend with High School to Health Care staff on a field trip to

_____ (Location of Trip) on _____ (Date)

I can be reached at (_____) _____ (Phone Number) during the hours of the field trip.

Signature of Parent/Guardian

Date

TO BE COMPLETED AT TIME OF ACTIVITY-DO NOT SUBMIT AT THIS TIME

Material And Equipment Consent Form

Instructions: Your student will participate in an activity that involves materials or equipment which we are requesting your consent for. Please read the description below:



Please indicate whether or not you agree to have your child participate in this activity by selecting one option below:

I grant permission for my child, _____, to participate in the _____ activity.

I do NOT grant permission for my child, _____, to participate in the _____ activity.

(SIGN ONE COPY FOR YOUR RECORDS).

DO NOT COMPLETE-FOR YOUR RECORDS ONLY

School Letter to All Parents

Dear Parents:

Date: _____

This letter is to inform you that some of the HS2HC students can have life-threatening food allergies. These students are allergic to the following foods:

Eating these foods, even in trace amounts, may cause a severe reaction (anaphylaxis) that can lead to death. **The following symptoms may occur:** hives, difficulty breathing, vomiting and diarrhea, swelling of the lips, mouth, and throat, itching and sneezing, loss of consciousness, and death due to shock. Even touching contaminated surfaces may cause a reaction. School staff have been trained to recognize such a reaction and to administer medication (epinephrine) in an emergency.

You can help staff and the school by taking advantage of opportunities to learn more about food allergies and by helping your child understand the foods they freely enjoy can be dangerous to others. Equally important, however, is to let them know they can support their classmates by eating and handling food responsibly.

Here are a few suggestions for you as parents:

- Never take food allergies lightly; they can be serious and life-threatening.
- Ask your child's friends what they are allergic to and help them avoid it.
- **Tell your child, "do not share food."**
- Frequent hand washing reduces the spread of viruses during the school year and helps protect food allergic students. Wash hands thoroughly after eating. Similarly, encourage good hygiene before and after-school. Ask your child to wash up if they have been particularly messy during breakfast. Wash hands and surfaces before handling library or text books or school equipment.
- Tell your child to get help from an adult immediately if a schoolmate has a reaction.

If you have questions or concerns, please contact us. Thank you very much for your understanding and cooperation.

RESOURCES

HS2HC does not necessarily endorse or support the information expressed in the following resources listed below:

- Accommodating Children with Special Dietary Needs (USDA)
<https://www.fns.usda.gov/accommodating-children-special-dietary-needs-school-nutrition-programs>
- American Academy of Allergy, Asthma and Immunology <http://www.aaaai.org/>
- Academy of Nutrition and Dietetics (previously American Dietetic Association)
<https://www.eatright.org/>
- American Academy of Pediatrics <http://www.aap.org/>
- Center for Chronic Disease Prevention and Health Promotion: DASH Healthy Youth Food Allergies
<https://www.cdc.gov/healthyyouth/about/index.htm>
- Food Safety Program <https://www.foodsafety.gov/>
- Food Allergy Research and Education <https://www.foodallergy.org/our-initiatives>
- National Center on Safe and Supportive Learning Environments
<http://www.schoolsafetypartners.org/>