NERUSY'S CODE OF CONDUCT - PAGE 1
(Can be mailed separately from Health Form)

Please read then sign the following Consent/Release Form. Mail back to NERUSY: 1320 Centre St. Suite 304, Newton, MA 02459 BY AUGUST 7th.

The medical form can be mailed separately.

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 eretz* (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 CONSENT, AUTHORIZATION AND RELEASE - PAGE 2 (Due By Aug.7)

NAME: _____, ("MINOR") DATE OF BIRTH: _____

THIS CONSENT, AUTHORIZATION AND RELEASE ("Consent") is given to The United Synagogue of Conservative Judaism, headquartered in New York, NY and all of its regions and districts (collectively "USCJ/USY") in connection with my child's participation in a Regional USY/Kadima Activity ("Scheduled Activity").

PLEASE READ AND INITIAL EACH PARAGRAPH AFTER THE PARAGRAPH NUMBER TO SHOW YOUR CONSENT AND THEN SIGN AND DATE THE BOTTOM OF THIS PAGE. EVEN IF YOUR CHILD IS 18, THIS MUST BE FILLED OUT!

INITIAL

1. ___ The Minor has my consent to attend and to participate in Scheduled Activity. There are no limitations or restrictions of any kind whatsoever on such participation unless checked here ___ and an explanation is attached.

2. ___ The Minor has been instructed by me, and understands and agrees, to comply with all rules, regulations and Code of Conduct established by USY/KADIMA and the official instructions and directives of all authorized staff members, volunteers, agents and employees of USY/KADIMA ("Personnel"). All references to "you" or "your" mean USY/KADIMA and its Personnel.

3. ___ You, acting as my authorized agent and at my sole cost and expense, are expressly authorized to engage appropriate health care providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization or medical procedures and services deemed appropriate under the circumstances, if you are not able to timely contact me for instructions. There are no exceptions or limitations to the foregoing, unless checked here____ and specific written instructions are attached.

4. ___ Unless checked here ____ and I have attached specific written instructions, directions or other specific data to the contrary, you may assume that the Minor has no medical disabilities, allergies or other limitations of any kind whatsoever that may limit participation in the Scheduled Activity.

5. ___ I expressly release and agree to indemnify and hold USCJ/USY, its agents, Board of Directors, employees, representatives, and legal counsel, free and harmless from any and all liability, charges, claims, costs and expenses of every kind and nature whatsoever, including reasonable attorney fees, in connection with the acceptance and participation of the Minor in the Scheduled Activity. The foregoing Release is unconditional and without reservation of any kind, except only for such acts or omissions that arise out of your intentional or negligent wrongdoing where there is no fault by the Minor or by my failing to disclose pertinent information to you.

6. ___ I represent to you that I have sole, full and legal power and right to execute this Consent, and acknowledge that you will be relying on my representations and statements, and on the information supplied to me.

7. ___ If this Consent is signed by more than one person, all references to the singular shall include the plural, jointly and severally.

8. ___ I give USCJ/USY permission to use any photographic, video or audio representations of my minor that may be taken during the Scheduled Activity, be it in print, in Internet materials, or in other media produced by USCJ/USY for publicity, promotional, or any other purposes without further permission.

I HAVE READ AND FULLY UNDERSTAND THE IMPORTANCE AND EFFECT OF THE FOREGOING CONSENT, AUTHORIZATION AND RELEASE; I HAVE OBTAINED SUCH ADVICE OF AN ATTORNEY AND A LICENSED PHYSICIAN AS I DEEMED NECESSARY BEFORE SIGNING THIS DOCUMENT; I HAVE RETAINED A COPY OF THIS DOCUMENT FOR MY RECORDS; AND I HAVE VOLUNTARILY SIGNED THIS CONSENT ON

_____, 20_____.

Signature _____ **Relationship to Minor _____**

CAMP HEALTH HISTORY and PARENT QUESTIONNAIRE- PAGE 3

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.)***

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

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.

PHYSICAL EXAMINATION- PAGE 4

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 Pertussis (Whooping Cough) Tetanus or	1 2 3	1 2
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'sfull name: _____

Full Address _____ Phone _____

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

THE UNITED SYNAGOGUE OF CONSERVATIVE JUDAISM
UNITED SYNAGOGUE YOUTH

MEDICATION AUTHORIZATION FORM - PAGE 5

Child Name _____ Date of Birth _____ Age ___

Height _____ Weight_____ Gender Male ___ Female ___

Parent/Guardian Name_____

Home Address_____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

This form authorizes USCJ staff to hold and to provide the participant with his/her prescription medication as required. In addition, please list over the counter medications that we can administer to your child as deemed necessary. (Tylenol, Advil, etc.)

Name of Medication	Dosage and Frequency	For Treatment of (ailment)	Doctor's Name and Phone Number

Signature of Parent/Guardian _____ Date _____