

UW System institutions offer hundreds of academic and recreational programs and activities to youth (ages 5-18 years old). In March 2022, UW System announced System Policy 625, requiring all UW System institutions adopt a policy on the protection of minors engaged in covered activities that, at a minimum, includes all the Policy Components outlined below.

Purpose

This policy establishes minimum protection standards of minors engaged in covered youth programs that each institution must follow. Each institution may also elect to develop their own procedures and/or guidance to support compliance with this policy.

Refer to [SYS 625, Youth Protection and Compliance](#) for definitions and specific minimum requirements of this Policy.

Effective Date

All UW System institutions must update their policies and practices to adhere to these minimum standards by March 1, 2023.

Policy Components

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|---|---|
| <p>Institutional Oversight – Designate an employee/department with the responsibility and authority to ensure Covered Activities are conducted pursuant to all policies. Designate a youth protection liaison to be the main point of contact with UW System for this policy.</p> <p>Institutional Sponsor – Designate an Institutional Sponsor for all Covered Activities.</p> <p>Registration – Process for Covered Activities must collect registration information, at a minimum: 1) Date(s)/time(s) of covered activity; 2) Primary contact for covered activity; 3) Authorized adults names, contact information, screening, training</p> <p>Screening – Follow screening policies, procedures, and background checks for authorized adults. Follow all data management and record retention policies.</p> <p>Training – Train all authorized adults prior to interaction with youth participants in Covered Activities.</p> <p>Prohibited Behaviors – Identify, monitor, and report prohibited behaviors.</p> <p>Measures to Maintain adequate Supervision of Youth Participants – Supervision ratios in covered activities should meet the minimum standards.</p> <p>Overnight Covered Activities – Indicate restrictions and requirements in policy for overnight covered activities.</p> <p>Recruiting Activities Governed by the NCAA – Establish policy addressing youth protection in recruiting activities governed by NCAA.</p> | <p>Emergency Preparedness – Require all covered activities to document minimum emergency preparedness protocols.</p> <p>Insurance Coverage – Covered Activities must be covered by Camps and Clinics Blanket Accident Insurance or other insurance product(s) and approved by their risk management authority.</p> <p>Reporting Obligations – Adults must immediately report any suspected physical abuse or harm, neglect, sexual harassment or abuse, or illegal activity of a minor pursuant to the institution’s E054 reporting procedures and Title IX policy.</p> <p>Escalation Matrix – Adopt an Escalation Matrix to guide decision-making around incidents that violate policy or trigger a reporting obligation.</p> <p>Retaliation – Prohibit retaliatory actions against reporters, investigators, responders, and policy enforcers of violations</p> <p>Consequences for Noncompliance – Indicate violations of policies, protocols, or procedures may be subject to program termination, and/or disciplinary action.</p> <p>Third Parties – Require Third Parties engaged in Covered Activities to sign a contract that includes: responsibility, meet minimum policy requirements, provide names and dates of birth of authorized adults and youth participants, and inform Third Parties that audits may occur at any time within seven years following the conclusion of the event.</p> <p>Data Retention – Require covered activities to store protected health information, confidential, and sensitive data according to Regent Policy Document 25-5, Information Technology: Information Security.</p> |
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Feedback Opportunities

Policy Forums (Go to [UW System's Protection of Minors website](#) to get more information on each webinar and to register.)

June 9, 1:00-3:00 p.m. Implementation and Communications

September 9, 1:00-3:00 p.m. Challenges Using Sys 625 as Best Practice in Summer '22

December 9, 1:00-3:00 p.m. Building Sustainable Policy, What's Working and What's Not?

March 9, 1:00-3:00 p.m. Finalize Updated Policy

Online Form

Insert web page link

Precollege Liaison

<https://www.wisconsin.edu/compliance/landing-page/child-safety/precollege-liaisons-2/>

Commuter Program Compliance Checklist

This checklist is for UW System Youth Activity Directors and Administrators who plan and organize Commuter youth programs/activities and are responsible for meeting campus compliance requirements. Get more information about the checklist items in the *UWSA Youth Program Compliance Manual 2021*.

Program Registration

- Register or renew program with campus precollege liaison
- Obtain written permission from Department Dean or Executive Sponsor

Staffing Requirements

Complete Youth Supervision Plan

- Define roles and responsibilities of Authorized Adults who make up program staff
- Define roles and responsibilities of Designated Adults who make up program staff
- Indicate planned supervision ratios for the program during:
 - Large group assembly
 - Small group and/or break-out times
 - Transitions between activities
 - Bathroom breaks
 - Classroom/instructional time
 - Recreation activities off premise
 - Free time (supervised)
 - Showering and bathing
- Plans for finding alternate supervision if a Designated Individual has to leave the group
- Include protocol for reporting incidents to Human Resources, Precollege Liaison, and parents/guardians

- Establish Check-in & Check-out procedures
 - Provide parents & guardians with written information on check-in and check-out procedures
 - Outline responsibilities of Designated Individuals who meet participants at daily-check-in
 - Describe protocol for Designated Individuals staying with minors until a parent, guardian, or designee arrives

Complete Staffing Plan

- Work with HR office to hire and onboard individuals working in programs involving minors. All program staff must be centrally tracked as an employee or volunteer with the university

Hiring Requirements

- Complete and track screening, interviews and reference checks for program staff applicants
- Provide Human Resources list of program staff (employees or volunteers) to complete and/or verify CBC and National Sex Offender Registry screening

- Keep master roster of CBC's and screening completion dates for all program staff

Staffing Requirements, continued

Responsibilities of HR Staff

- Verify the completion of CBC and Sex Offender Registry screening for program staff (employees and volunteers)
- Keep CBC records according to the policy and data retention requirements
- Provide Program Director with CBC and National Sex Offender Registry Completion dates

Training for Designated Individuals and Program Directors

Confirm training is completed prior to start of program/activity

- Title IX Responsible Employee (Annually)
- Campus Clery Security Authority (Annually)
- Youth Protection
- Youth Mental Health First Aid
- CPR/AED First Aid

Program Staff Orientation/Training

To be completed prior to the start of program/activity

- Explain program procedures and policies, including youth supervision plan, emergency planning, and escalation protocols.
- Review job performance expectations (code of conduct)
- Review required trainings
- Review types of incident reporting and reporting requirements
- Review emergency procedures for program location(s)
- Communicate plan for emergency contact with parent/guardians
- Outline drop-off and pick-up procedures for participants
- Discuss topics specific to Residence Halls
- Summarize appropriate staff and participant interactions
- Recap behavior management and discipline protocols

Health and Safety

Risk Management

- Purchase Insurance: Work with Precollege Liaison to determine program eligibility for accident insurance
- Ensure Third Party and Affiliated contracts define responsibilities of all parties
- Submit Third Party and Affiliated contracts for review to OGC when contracts deviate from the standard contract template
- Complete and submit a Notice of Injury Form to Risk Management for each participant injury
- Submit final participant roster to Precollege Liaison within 3 days of the program or session end

Health and Wellness Plans

- Include Communicable Disease protocol (Refer to current COVID -19 guidance)
- Document activity staff are trained to provide first aid care
- Collect contact information for parents and guardians
- Collect "Permission to Treat Forms" for each participant
- Develop plan for maintaining supervision ratios if a Designated Individual has to attend to an ill or injured participant or accompany them to urgent care

- Distribute, collect, and store waivers and participant forms

Transportation

- Outline Transportation Plans for program participants in multiple scenarios
 - Between program activities and locations on campus
 - To off-campus activities that are part of programming
 - During medical emergencies and non-medical emergencies

Health and Wellness Plans, continued

- Detail how Program Directors notify parents and guardians via phone and in writing in emergency situations
- Outline procedures for transportation to an urgent care or walk-in clinic according to the transportation and/or safety plan
- Determine activity's ability to meet special needs of participants and outline accommodations to meet the needs of participant(s)
- Include cost of Camp Health and related expenses in program budget

- Determine activity's ability to meet special needs of participants and outline accommodations to meet the needs of participant(s)

- Describe process to notify parents and guardians in writing of any illness or injury that occurs .

- Determine plan for participants to meet with Program staff including late-check-in's.
- Outline Program protocol to:
 - Collect, review, and store health history forms
 - Verify access to first aid kits or provide first aid kits to Designated Individuals
 - Collect, administer, and store medications
 - Log all treatment provided and all medications administered
- Establish guidance for program staff notify Program Manager of participants with health concerns or taking medications

Technology & Information Security

- Follow Information Security guidelines to upload and store information
- Control access to program information
 - Track who has access and to what information

Residential Program Compliance Checklist

This checklist is for UW System Youth Program Directors and Administrators who plan and organize Residential youth programs/activities and are responsible for meeting campus compliance requirements. Get more information about the checklist items in the *UWSA Youth Program Compliance Manual 2021*.

Program Registration

- Register or renew program with campus precollege liaison
- Obtain written permission from Department Dean or Executive Sponsor

Staffing Requirements

Complete Youth Supervision Plan

- Define roles and responsibilities of Authorized Adults who make up program staff
- Define roles and responsibilities of Designated Adults who make up program staff
- Indicate planned supervision ratios for the program during:
 - Large group assembly
 - Small group and/or break-out times
 - Transitions between activities
 - Bathroom breaks
 - Classroom/instructional time
 - Recreation activities off premise
 - Free time (supervised)
 - Showering and bathing
- Plans for finding alternate supervision if a Designated Individual has to leave the group
- Overnight staffing plan
 - Lights out time
 - Reporting overnight or evening incidents
- Include protocol for reporting incidents to Human Resources, Precollege Liaison, and parents/guardians

- Establish Check-in & Check-out procedures
 - Provide parents & guardians with written information on check-in and check-out procedures
 - Outline responsibilities of Designated Individuals who meet participants at daily-check-in
 - Describe protocol for Designated Individuals staying with minors until a parent, guardian, or designee arrives

Complete Staffing Plan

- Work with HR office to hire and onboard individuals working in programs involving minors. All program staff must be centrally tracked as an employee or volunteer with the university

Hiring Requirements

- Complete and track screening, interviews and reference checks for program staff applicants
- Provide Human Resources list of program staff (employees or volunteers) to complete and/or verify CBC and National Sex Offender Registry screening

- Keep master roster of CBC's and screening completion dates for all program staff

Staffing Requirements, continued

Responsibilities of HR Staff

- Verify the completion of CBC and Sex Offender Registry screening for program staff (employees and volunteers)
- Keep CBC records according to the policy and data retention requirements
- Provide Program Director with CBC and National Sex Offender Registry Completion dates

Training for Designated Individuals and Program Directors

Confirm training is completed prior to start of program/activity

- Title IX Responsible Employee (Annually)
- Campus Clery Security Authority (Annually)
- Youth Protection
- Youth Mental Health First Aid
- CPR/AED First Aid

Program Staff Orientation/Training

To be completed prior to the start of program/activity

- Explain program procedures and policies, including youth supervision plan, emergency planning, and escalation protocols.
- Review job performance expectations (code of conduct)
- Review required trainings
- Review types of incident reporting and reporting requirements
- Review emergency procedures for program location(s)
- Communicate plan for emergency contact with parent/guardians
- Outline drop-off and pick-up procedures for participants
- Discuss topics specific to Residence Halls
- Summarize appropriate staff and participant interactions
- Recap behavior management and discipline protocols

Health and Safety

Risk Management

- Purchase Insurance: Work with Precollege Liaison to determine program eligibility for accident insurance
- Ensure Third Party and Affiliated contracts define responsibilities of all parties
- Submit Third Party and Affiliated contracts for review to OGC when contracts deviate from the standard contract template
- Complete and submit a Notice of Injury Form to Risk Management for each participant injury
- Submit final participant roster to Precollege Liaison within 3 days of the program or session end

Health and Wellness Plans

- Include Communicable Disease protocol (Refer to current COVID -19 guidance)
- Document activity staff are trained to provide first aid care
- Collect contact information for parents and guardians
- Collect "Permission to Treat Forms" for each participant
- Develop plan for maintaining supervision ratios if a Designated Individual has to attend to an ill or injured participant or accompany them to urgent care

- Distribute, collect, and store waivers and participant forms

Transportation

- Outline Transportation Plans for program participants in multiple scenarios
 - Between program activities and locations on campus
 - To off-campus activities that are part of programming
 - During medical emergencies and non-medical emergencies

Health and Wellness Plans, continued

- Detail how Program Directors notify parents and guardians via phone and in writing in emergency situations
- Outline procedures for transportation to an urgent care or walk-in clinic according to the transportation and/or safety plan
- Determine activity's ability to meet special needs of participants and outline accommodations to meet the needs of participant(s)
- Include cost of Camp Health and related expenses in program budget

- Determine activity's ability to meet special needs of participants and outline accommodations to meet the needs of participant(s)

- Describe process to notify parents and guardians in writing of any illness or injury that occurs .

- Determine plan for participants to meet with Camp Health including late-check-in's.

- Outline Camp Health 's responsibility to:
 - Collect, review, and store health history forms
 - Verify access to first aid kits or provide first aid kits to Designated Individuals
 - Collect, administer, and store medications
 - Log all treatment provided and all medications administered

- Notify Camp Health if program includes an overnight trip away from campus

- Establish guidance for when Camp Health is to notify Program Manager of participants with health concerns or taking medications

Technology & Information Security

- Follow Information Security guidelines to upload and store information
- Control access to program information
 - Track who has access and to what information

Individual Youth Interactions

Youth Activity Compliance Checklist

This checklist is for individuals who plan and organize Individual youth interaction activities included but not limited to internships, shadow days, and lessons. Individual Youth Interaction Activities are responsible for meeting UW System Precollege/Youth Protection Compliance Policy Requirements. Visit the [Office of Compliance and Integrity, Youth Protection](#) for more information.

Program Registration

- Register or renew activity with campus precollege liaison
- Obtain written permission from Institutional Sponsor

Staffing Requirements

Complete Youth Supervision Plan

- Define roles and responsibilities of Designated Adult(s)
- Indicate planned supervision for each activity
- Provide itinerary to parents /guardians. Itinerary of activity to include:
 - Time and location
 - Break schedule
 - Transitions periods
 - Bathroom breaks
- Include protocol for reporting incidents to Human Resources, Precollege Liaison, and parents/guardians
- Detailed cancellation procedures
 - Who will be contacted
 - How will individuals be contacted
 - How far in advance will notification occur
 - Name of approved staff if Activity Director is not available and plans to have a temporary staff member lead the activity to avoid cancellation.

- Establish Check-in & Check-out procedures
 - Provide parents and guardians with written information on check-in and check-out procedures
 - Define protocol for Designated Individuals staying with minors until a parent, guardian, or designee arrives
 - Outline missing child protocol and escalation procedures

Complete Staffing Plan

Notify Human Resources of your intent to work with minors. All staff working with minors must have current CBCs on file.

Hiring Requirements

- Complete and track screening, interviews, and reference checks for activity staff applicants
- Provide Human Resources list of activity staff (employees or volunteers) to complete and/or verify CBC and National Sex Offender Registry screening
- Keep master roster of CBC's and screenings completion dates for all activity staff

Staffing Requirements, continued

Responsibilities of HR Staff

Staff Orientation/Training

- Verify the completion of CBC and Sex Offender Registry screening for activity staff (employees and volunteers)
- Keep CBC records according to the policy and data retention requirements
- Provide Activity Director with completion dates of CBC and National Sex Offender Registry screening for all activity staff

Training for Designated Individuals and Activity Directors

Confirm training is completed prior to start of activity.

- Title IX Responsible Employee (Annually)
- Campus Clery Security Authority (Annually)
- Youth Protection
- Youth Mental Health First Aid
- CPR/AED First Aid

To be completed prior to the start of activity.

- Explain Activity procedures and policies, including youth supervision plan, emergency planning, and escalation protocols.
- Recap job performance expectations (Code of Conduct)
- Review required trainings
- Review types of incident reporting and reporting requirements
- Review emergency procedures for activity location(s)
- Communicate plan for emergency contact with parent/guardians
- Recap behavior management and discipline protocols

Health and Safety

Risk Management

- Complete and submit a Notice of Injury Form to Risk Management for each participant injury
- Distribute, collect, and store waivers and participant forms
- Confirm laboratories are approved for student access

Transportation

- Outline Transportation Plans for program participants in multiple scenarios
 - Between program activities and locations on campus
 - To off-campus activities that are part of programming
 - During medical emergencies and non-medical emergencies

Health and Wellness Plans

- Include Communicable Disease protocol (Refer to current COVID -19 guidance)
- Document activity staff are trained to provide first aid care
- Collect contact information for parents and guardians
- Collect "Permission to Treat Forms" for each participant
- Develop plan for maintaining supervision ratios if a Designated Individual has to attend to an ill or injured participant or accompany them to urgent care
- Determine activity's ability to meet special needs of participants and outline accommodations to meet the needs of participant(s)
- Complete and submit a Notice of Injury Form to Risk Management for each participant injury
- Describe process to notify parents and guardians in writing of any illness or injury that occurs .

Health and Wellness Plans, continued

- Collect, review, and store health history forms

- Detail how Activity Directors notify parents and guardians via phone and in writing in emergency situations
- Outline procedures for transportation to an urgent care or walk-in clinic according to the transportation and/or safety plan
- Verify access to first aid kits or provide first aid kits to Designated Individuals
- Summarize plan to collect, administer, and store medications

Technology & Information Security

- Follow Information Security guidelines to upload and store information
- Control access to activity information
 - Track who has access and to what information

Youth Field Trips

Guidelines & Expectations

This checklist is for individuals who plan and organize field trips to UW-<institution>. To best serve your group during your visit we ask that you read and share this information with your chaperones and students. Field trips are responsible for meeting UW System Youth Protection Compliance Policy requirements. Visit the [Office of Compliance and Integrity, Youth Protection](#) for more information.

Registration

- Register activity with campus precollege liaison
- Obtain written permission from Institutional Sponsor , when applicable

Review Campus Visit Confirmation

- If you notice a discrepancy on your confirmation, please contact the Campus Visit Program office as soon as possible. Please be advised that it is unlikely that any modifications can be made to your itinerary within 14 days of your visit.
- If you must cancel, please do so ahead of time.
 - Please cancel at least two weeks prior to, but no later than 72 hours before, your reserved date. If a cancellation must be made on the day of your visit, please call our office ASAP.

Day of Field Trip

Please be early!

- Please plan to arrive at least 15-30 minutes prior to the start of your visit. This will allow time for parking, unloading, a bathroom & water break, and time to arrive at your first campus activity on time.
- We have customized your itinerary based upon your planned arrival time. If you are running late, please call <our office> ASAP. Our staff will try to accommodate day-of-visit modifications to the best of our ability but arriving late to campus by 25 minutes or more will impact your itinerary. We cannot guarantee campus venues and/or student tour guides will be available to accommodate unanticipated changes in your schedule.

Field Trip Primary Contact (group's lead coordinator/teacher/chaperone) Responsibilities

- The group's lead contact will provide a Day-of-Visit cell phone number during the planning process and will carry this phone during the visit. Please notify our office if this person or phone number changes.
- The lead chaperone will communicate the following "student guidelines" to their students:
 - Wear comfortable walking shoes & be prepared/dress for the weather as tours occur rain or shine
 - Visitors are expected to conduct themselves in a courteous and respectful manner.

- Visitors will use a voice level that is appropriate while inside campus buildings.
- Visitors will not leave the group or chaperone(s) at any time during the visit.
- Visitors will not use electronic devices during tours, presentation, or sessions.
- Visitors and groups that are deemed unruly or unmanageable by the <Campus Visit Program> and campus venue staff will be asked to change their behavior. If the visitor or group continues their behavior, the presentation, tour, or entire visit will end.
- Listen, prepare, and ask questions, learn, and enjoy! We are so happy you will be visiting UW-<institution>.

Chaperone Responsibilities

- We recommend 1 adult chaperone for every 10 elementary or middle school/junior high students and 1 chaperone for every 20 high school students. Please have your groups organized before arriving to campus.
- All adult chaperones/group leaders should have a copy of the campus visit confirmation/itinerary.
- Chaperones must actively engage in sessions and always supervise students.
- Chaperones must take responsibility for students' behavior on campus. Tour guides, docents and campus staff will not act as chaperones for your students.

Campus Field Trip Contact Information

Name:

Email:

Phone Number

Hours:

Campus Information*

**Please contact this number if no one is available at < Contact number>*



Sample Staff Code of Conduct

Prohibited Behaviors:

- Abusive language towards staff, volunteers, and/or participants
- Possession or use of tobacco, alcoholic beverages, or illegal drugs on campus property or reporting to the program while under the influence of drugs or alcohol
- Bringing dangerous or unauthorized materials such as explosives, firearms, or weapons onto campus property
- Inappropriate or rude treatment of staff, volunteers, or participants
- One-on-one interactions with any youth before, during, or after any program
- Individual entry into participant sleeping spaces
- Verbal, physical, or visual harassment of staff, volunteers, or participants
- Actual or threatened violence toward any individual or group
- Conduct endangering the life, safety, health, or well-being of others
- Failure to follow any campus or UWSA policy, including but not limited to sexual assault/violence/harassment policies, mandated reporting procedures, or emergency procedures
- Failure to properly supervise minors
- Gift-giving to participants or other staff
- Bullying:
 - Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:
 - Physical bullying – engaging in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining
 - Verbal bullying – using words to hurt another person, such as by belittling or using hurtful names
 - Nonverbal or relational bullying – manipulating a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
 - Cyberbullying – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs).



Cyberbullying can involve:

- Sending mean, vulgar, or threatening messages or images; Posting sensitive, private information about another person; Pretending to be someone else in order to make that person look bad; Intentionally excluding someone from an online group
- Hazing – an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person’s willingness to participate.
- Sexualized bullying – when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behaviors include sexting, exposure of private body parts, and verbal bullying involving sexualized language or innuendos

As staff, I agree to the following statements. I will...

- Report any act of bullying or encouragement of bullying
- Report concerns or complaints about other employees, volunteers, other adults, or minors to a supervisor
- Report allegations or incidents of child abuse or neglect to the proper state authority
- Always treat minors with respect
- Treat minors fairly, regardless of race, sex, age, religion, gender, sexual orientation, or other identity
- Will adhere to uniform best practices of displaying age-appropriate affection
- Avoid affection with minors that cannot be observed by others
- Adhere to best practices of appropriate and inappropriate verbal interactions with minors
- Refrain from commenting on minors’ bodies
- NOT date or become romantically involved with minors
- NOT use or be under the influence of alcohol or illegal drugs in the presence of minors
- NOT have sexually oriented materials, including printed or online pornography, on campus property
- NOT have any one-on-one interactions with program participants
- NOT engage in inappropriate electronic communication or social media with minors
- NOT abuse minors in any way



I have read and I understand the above Code of Conduct. I agree to abide by the rules described above and understand that continued issues or breaches of this code may result in immediate termination and/or ineligibility for future employment at UW System institutions.

Staff/Volunteer Signature _____

Date _____

Director Signature _____

Date _____



Sample Youth Code of Conduct

Prohibited Conduct:

- Abusive language towards a staff member, volunteer, or another participant
- Possession or use of alcoholic beverages or illegal drugs on campus property or reporting to the program while under the influence of drugs or alcohol
- Bringing dangerous or unauthorized materials such as explosives, firearms, or weapons onto campus property
- Inappropriate or rude treatment of a peer, staff member, or volunteer
- One-on-one interactions with any program staff member before, during, or after any program
- Verbal, physical, or visual harassment of another participant, staff member, or volunteer
- Actual or threatened violence toward any individual or group
- Conduct endangering the life, safety, health, or well-being of others
- Failure to follow any UW System or campus policy, including but not limited to sexual assault/violence/harassment policies, dishonest academic behavior policies, or emergency procedures
- Bullying or taking unfair advantage of any participant
- Failure to follow directions of supervisors/youth programming staff/event leaders

As a participant, I agree to the following statements. I will...

- Respect differences of all participants and will not discriminate against anyone else on the grounds of gender, race, sexual orientation, ability, or other identity
- Report any incidents of bullying to adults immediately
- Support and encourage all other program participants
- Respect all staff, directors, and volunteers
- Follow online safety and internet use policies

I have read and I understand this Code of Conduct. I agree to abide by the rules described above and understand that continued issues and/or breaches of this code may result in being removed from the activity, event, or program permanently and without a refund.

Participant Signature _____

Date _____

Parent Signature _____

Date _____

Director Initials _____



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Food and Recreational Safety
 PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4720 Fax (608) 224-4710

CAMPER HEALTH HISTORY RECORD

Wis. Admin. Code ch. ATCP 78

PLEASE PRINT

| CAMPER'S PERSONAL INFORMATION (please print) | | | |
|--|------------------------|-------------------|-------------------------|
| CAMPER'S NAME (Last, First, Middle Initial) | BIRTHDATE (Mo/Day/Yr.) | SEX | TELEPHONE NUMBER (Home) |
| , , | / / | | () - |
| MAILING ADDRESS STREET | CITY | STATE | ZIP |
| NAME OF PARENT/GUARDIAN/LEGAL CUSTODIAN | WORK TELEPHONE NUMBER | CELL PHONE NUMBER | |
| | () - | () - | |
| NAME OF PARENT/GUARDIAN/LEGAL CUSTODIAN | WORK TELEPHONE NUMBER | CELL PHONE NUMBER | |
| | () - | () - | |

| CAMPER'S HEALTH CARE PROVIDER INFORMATION | | | |
|---|------|-------|------------------|
| HEALTH CARE PROVIDER NAME | | | |
| MEDICAL FACILITY NAME | | | TELEPHONE NUMBER |
| | | | () - |
| MEDICAL FACILITY STREET ADDRESS | CITY | STATE | ZIP |

| ALLERGIES | | | | |
|---|--|------------------------------|-----------------------|--|
| <input type="checkbox"/> This camper has no known allergies | | | | |
| <input type="checkbox"/> THIS CAMPER IS ALLERGIC TO THIS FOOD(S): | DOES THIS ALLERGY CAUSE ANAPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF MOST RECENT EPISODE? | FREQUENCY OF EPISODE? | DESCRIBE REACTION AND HOW IT IS MANAGED? |
| <input type="checkbox"/> THIS CAMPER IS ALLERGIC TO THIS MEDICATION(S): | DOES THIS ALLERGY CAUSE ANAPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF MOST RECENT EPISODE? | FREQUENCY OF EPISODE? | DESCRIBE REACTION AND HOW IT IS MANAGED? |
| <input type="checkbox"/> THIS CAMPER IS ALLERGIC TO THE FOLLOWING: | DOES THIS ALLERGY CAUSE ANAPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE OF MOST RECENT EPISODE? | FREQUENCY OF EPISODE? | DESCRIBE REACTION AND HOW IT IS MANAGED? |

| MEDICATION | | | |
|---|------|------------------------------|------------------------------|
| <input type="checkbox"/> This camper will NOT take any medications while attending camp. | | | |
| <input type="checkbox"/> This camper will take the following medication(s) while attending camp. I am bringing enough medication to last the entire session and it is in the original container labeled by the pharmacy. | | | |
| Medication or Treatment | Dose | When do you give it at home? | Reason for taking medication |
| | | | |
| | | | |
| | | | |

ASTHMA

This camper **does NOT** have asthma. This camper **does** have asthma.

| Asthma Triggers (check all that apply) | | Signs/Symptoms of asthma episode | Frequency of episodes | How episode is managed |
|---|-----------------------------------|-------------------------------------|--------------------------|------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Colds | | | |
| <input type="checkbox"/> Infections | <input type="checkbox"/> Emotions | | | |
| <input type="checkbox"/> Allergies (to what?) | | | | |
| <input type="checkbox"/> Weather (what type?) | | | | |
| <input type="checkbox"/> Other (list) | | | | |

IMMUNIZATIONS

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE (√) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this child at home, contact your doctor or public health department to obtain it. A copy of the child's complete immunization record from the WIR may be attached to this form (www.dhfswir.org).

| TYPE OF VACCINE* | FIRST DOSE Mo/Day/Yr | SECOND DOSE Mo/Day/Yr | THIRD DOSE Mo/Day/Yr | FOURTH DOSE Mo/Day/Yr | FIFTH DOSE Mo/Day/Yr |
|--|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis) | | | | | |
| Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap* <input type="checkbox"/> Td | | | | | |
| Polio | | | | | |
| Hepatitis B | | | | | |
| MMR (Measles, Mumps, Rubella) | | | | | |
| Meningococcal Conjugate Vaccine (MCV)* | | | | | |
| Hepatitis A | | | | | |
| Varicella (Chickenpox) Vaccine – Vaccine is needed only if your child has not had Chickenpox disease. See below: | | | | | |
| Has your child had Varicella (chickenpox) disease? Please check appropriate box and provide the date (if known): <input type="checkbox"/> YES (please list month/year): ____/____ <input type="checkbox"/> NO or Unsure (Vaccine recommended) | | | | | |
| Influenza (date of most recent dose): ____/____ | | | | | |

*These vaccines are routinely recommended at age 11-12 years.

For health reasons, this child is not fully immunized.
 For personal conviction or religious reasons, this child is not fully immunized.

LIST VACCINE(S) NOT RECEIVED:**OTHER MEDICAL CONDITIONS**

PLEASE INDICATE ANY OTHER IMPORTANT MEDICAL CONDITIONS (eg. diabetes, seizures, physical conditions, etc.)

SIGNATURE

The information included on this form is complete and accurate to the best of my knowledge.

| | |
|---|------|
| SIGNATURE – Parent/Guardian/Legal Custodian | DATE |
|---|------|