

2017
Quality Behavioral Health
FREE
Summer Youth Program

2016-2017 School Year:
6th, 7th and 8th Graders

June 21st-August 9th

Registration Packets due: June 14th
Packets will be accepted throughout the summer as space allows.

Summer Program 2017

Dear Parent/Guardian:

Your son/daughter has indicated an interest to participate in the **Tenth Annual** Summer Youth Program sponsored by Quality Behavioral Health.

The program will offer both educational and recreational activities on seven Wednesdays this summer. The program is FREE. All transportation, food, and program supplies will be provided.

To register your child for the program, please complete and return the enclosed registration packet. The packet includes:

- Registration - Medical History Form
- Parent/Guardian Consent and Hold Harmless/Participant Agreement/Photograph Release Form
- Medical Emergency – Contact Information Form
- Transportation Authorization Form

We realize that some students will not be able to participate in every activity; however, it would be very helpful for planning purposes to know which activities your child is interested in. Also, please indicate any dates that your child will not be able to participate, due to family vacations or other commitments.

Registration packets are due on or before the close of business on **June 14th, 2017** (packets will be accepted throughout the summer as space allows). Please don't hesitate to contact us if you have any questions. You can mail or turn in your son/daughter's registration packets to one of the following locations:

Quality Behavioral Health
Attn: Sara Kern
900 7th Street
Clarkston, WA 99403
509-758-3341
Fax: 509-758-8009

Quality Behavioral Health
(Place in Drop Box)
856 Main Street
Pomeroy, WA 99347
509-843-3791
Fax: 509-843-3548

**QUALITY BEHAVIORAL HEALTH
2017 SUMMER YOUTH PROGRAM
REGISTRATION AND MEDICAL HISTORY FORM**

Participant Name: _____ Age: _____

Address: _____

Phone: _____ Gender: _____ Female _____ Male _____ Other

Please circle which grade your child will be entering in the Fall. 7 8 9

What school does your child currently attend _____

Parents/Guardians Name: _____

Address (if different) _____

Phone #'s: _____ (home) _____ (work) _____ (cell)

E-mail: _____

Emergency Contact: _____
(name) (phone #)

MEDICAL HISTORY:

1. Do you have any physical complaints or chronic illnesses at this time? _____ yes _____ no

2. Have you had injuries in the past (i.e. Back, knee, shoulder, elbow, etc)? _____ yes _____ no
If so, please describe: _____

3. Please list any medications you are currently taking, and what dosages: _____

4. Do you have or have you ever had?
a. Diabetes _____ If yes, are you taking insulin? _____
yes or no yes or no

What dosage: _____ What Kind? _____

b. Asthma _____ Allergies _____

If allergic to bee stings, provide specifics: _____

5. Name of Personal/Family Physician & Phone # _____

**QUALITY BEHAVIORAL HEALTH
SUMMER YOUTH PROGRAM
MEDICAL EMERGENCY CONTACT INFORMATION**

Participant Name – Please Print Clearly

(Last)

(First)

(DOB)

Medical Insurance Information – Please Print Clearly

(Insurance Company Name)

(Insurance Policy Number)

List any medications currently prescribed:

List any allergies, especially to medications:

(Use reverse side if you need additional space)

AGREEMENT AND CONSENT FOR TREATMENT

I understand that program activities can be physically demanding. I affirm that my child's health is good and that he/she is not under a physician's care for any **undisclosed** condition that might endanger his/her health in this activity. I realize the inherent risk of injury or disability in outdoor activities. **The parent/guardian authorizes the program sponsors, chaperones, advisors, staff members, and/or volunteers to administer emergency medical aid to the youth.** In the event that the parent/guardian cannot be reached within an appropriate period of time, given apparent medical condition of the youth, the parent/guardian hereby authorizes the transportation of the youth by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. The parent/guardian further consents to medical care and treatment, including, but not limited to, surgical and other procedures, by or under the supervision of a licensed health care provider, called in or otherwise selected by a staff member of any program sponsor, advisor/chaperone, and/or volunteer and to hospital care, when such care or treatment is deemed by the licensed provider to be immediately necessary or advisable in order to safeguard the youth's health. The parent/guardian acknowledges that **it is the responsibility of every individual, including the parent/guardian, to provide adequate accident and health insurance coverage for the youth** participating in the QBH Summer Youth Program and further acknowledges that the program sponsors, partners, and funding sources do not provide insurance coverage for participants.

(Parent/Guardian Signature)

(Relationship to Child)

(Date)

(Home Phone)

(Work Phone)

(Alternative
Emergency Contact #)

**QUALITY BEHAVIORAL HEALTH
SUMMER YOUTH PROGRAM**

Parent/Guardian Consent and Hold Harmless/Participant Agreement Form

The undersigned parent/guardian gives consent for _____, a minor youth, to attend and/or participate in the Middle School Summer Program. Said parent/guardian acknowledges that no benefits are derived by the program sponsors, by reason of the youth's participation in the program, and the parent/guardian or youth, or to the person or property of the third parties stemming from or in any way related to the youth's participation in the activity. The undersigned parent/guardian agrees to hold harmless and to indemnify and defend, the conference sponsors: Quality Behavioral Health & Garfield County Human Services, dba Quality Behavioral Health, including Board of Directors and Trustees; Garfield County Health Department; Pomeroy School District; Pomeroy School District; and any community partner agency providing services through the Summer Youth Program, their directors, officers, employees, agents, volunteers, contractors, facilitators, and assigns, from and against all claims, demands, and costs, including, but not limited to attorney's fees and other defense costs, and losses of any nature whatsoever, by any person, for injury to the person or property of the parent/guardian or youth, arising out of, or in any way related to the youth's participation in the activity.

_____ (Parent/Guardian Initials)

Release of Information and/or Photograph Release

The parent/guardian consents to the use by program sponsors and state agencies (DSHS/HRSA/DASA) of activity photographs of the youth to provide information and/or photographs for publications developed by the conference sponsors, partners, and funding sources, to promote education about adolescent development and behaviors; alcohol, tobacco, and other drug abuse prevention and recovery; sexual abuse; domestic violence; and other relevant topics. The parent/guardian authorizes the program sponsors, partners, and funding sources to release information about my child's participation for publishing by the Washington State Department of Social and Health Services. I also authorize the use of my child's photograph. I understand that information may be provided verbally or by computer data transfer, mail, fax or hand delivery. I, the parent/guardian, understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records.

Circle one and initial: Yes No _____ (Parent/Guardian Initials)

I have read and understand this Consent and Hold Harmless Form and accept its terms and conditions of the youth's participation in the Middle School Summer Program and warrant that I have the authority to sign as a parent or legal guardian of the youth named above.

Name of Parent/Guardian (Please Print)

Name of Youth Participant (Please Print)

Signature of Parent/Guardian

Date

***Must be signed by both the youth participant and his/her parent or guardian. By signing below, each participant agrees to conduct themselves in a respectful and courteous manner, obey all transport and program rules, and participate fully in program activities.**

Youth Name (Please Print Clearly)

Youth's Signature

Date

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature

Date



quality behavioral health

TRANSPORTATION AND EMERGENCY INFORMATION

By signing this document I authorize Quality Behavioral Health staff to transport my child to and from all activities associated with the Summer Youth Program and/or return them to the address or addresses listed below.

I understand that my child may be transported to different locations within the following counties: Nez Perce, Latah, Whitman, Asotin & Garfield to participate in program activities. **Further, I understand that some program activities may occur outside of the state of Washington and this authorization extends to all locations in which supervised program activities occur.**

Parent/Guardian Signature

Date

Quality Behavioral Health is available to transport your child.

If you are unable to transport your child to and from Quality Behavioral Health on event days we will have assigned pick-up locations at all elementary and middle schools in Clarkston, Pomeroy, Asotin and Lewiston and a central location in Lapwai. We will notify you when a vehicle will be available at each pick-up location. If you have any questions or concerns about transportation for your child please call Sara Kern or Thea Skalicky at 509-758-3341 for alternative arrangements. **Once your child arrives at QBH, we will provide transportation throughout the day.**

Please mark your drop off and pick up transportation choice below:

Morning

Afternoon

Parent will drop off at QBH

Parent will pick up at QBH

Youth will walk to QBH

Youth will walk home

Youth to be picked up at school

Youth to be dropped off at school

School: _____

School: _____

SUMMER YOUTH PROGRAM

Please check the events that you believe the youth will be able to attend.

_____	June 21st	Healthy Relationships & Art Day (Rocks/Tie Dye)
_____	June 28th	Budgeting & Bowling/Mini Golf
_____	July 5th	<u>Holiday Break No Program</u>
_____	July 12th	Substance Use Info & Healthy Choices & Day At the Movies (Movie TBD)
_____	July 19th	Consent & Healthy Choices & Ropes Course
_____	July 26th	Sexual Assault Reporting/Phone Safety/Drug Dog & Pomeroy Pool
_____	August 2nd	Nez Perce Activities & Traditions & Roller Skating
_____	August 9th	Family Night at the Aquatic Center (5:30-8 pm)

Weekly Reminders

On the Tuesday before the day's events we will contact each participant and provide a pick-up time and location as well as reminders regarding what to bring for that week's activities. Please mark below your preferred form of contact. This e-mail address will ONLY be used for Summer Youth Program reminders; please do not use it for last minute notifications or to cancel or confirm other QBH appointments.

_____ Please Call me for Reminders

_____ Please E-mail Reminders

Preferred E-mail: _____

_____ I do not need reminder calls