

Just5Days Code of Behavior

A successful *Just5Days* depends on each person's willingness to work together. Please read through the *Code of Behavior* carefully with your parents. All participants are expected to honor and uphold the *Code of Behavior* throughout your time with us.

- The adult leaders of each team are responsible for his or her youth team members.
- The sponsoring parish or school, and the families of team members assume responsibility for any damage done to the housing facilities or service sites.
- While away from the housing facility, youth participants must always be accompanied by an adult leader.
- Participants are expected to attend all activities unless excused by the Program Director.
- Name badges must be worn during all program activities – especially at service sites.
- Dress throughout *Just5Days* is casual but appropriate. Shirts and shoes must be worn at all activities and meals.
- Socializing is only allowed in the designated public areas of the housing facility. No entering of the sleeping areas occupied by the opposite sex without the presence of an adult leader.
- Participants must be in their respective rooms by lights out time. Scheduled quiet and silent times are to be honored.
- Bullying of any kind, including teasing will not be tolerated and parents will be notified.
- The purchase, possession, or use of alcohol, drugs, or cigarettes by participants will result in immediate dismissal from the program.
- No posting of inappropriate comments or pictures on social media during *Just5Days*
- Youth may not use their cell phones during *Just5Days* activities. At the parent's request, youth may call home in the evenings while preparing for bed. It is highly recommended that middle schoolers leave their phones and smart devices at home.
- **The Center for Ministry Development and the *Just5Days* Staff are not responsible in any way for personal, lost or stolen articles.**

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the *Just5Days 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 abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the *Just5Days* program and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the *Just5Days 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 to participate in the *Just5Days* program.)

Signature _____ Date _____

Parish Name _____ City _____

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Signature _____ Date _____

Parish Name _____ City _____

Just5Days

Youth Consent and Health Form

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

Just5Days Program Site _____

Program Starting Date (month/ day/ year) _____

Participant Name _____ Date of Birth _____

Parish/School _____ City & State _____

Age _____ Gender _____ Home Phone (_____) _____

Work or Cell Phone: Father (_____) _____ Mother (_____) _____

Parent email address _____

Mailing Address _____

City/State/ZIP _____

PARTICIPATION CONSENT: I, (Name of Parent or Guardian) _____
grant permission for my son/ daughter to participate in the *Just5Days* program.

LIABILITY WAIVER: I will not hold the Center for Ministry Development, any CMD staff, 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 *Just5Days* 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 *Just5Days* 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 *Just5Days* program director or parish adult leader 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 *Just5Days* 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 *Just5Days* program.)

Signature _____ Date _____

RETURN TO: The leader of your parish or school *Just5Days* Team.