



Forms Packet

Instructions:

Please review each form and complete where necessary. Be sure that you and your parents/guardians sign and date each form where indicated.

These forms must be returned to **Alex Compton at Holcomb**

Fax: 484-444-0421 or mail to: 126 E. Baltimore Ave., Media, PA 19063

Office: 484-444-0412 or Cell: 215-866-7370

Acompton@holcombbhs.org

Use the checklist below to ensure you have included all forms

CHECKLIST

- Personal Data Form
- Consent and General Release of Liability
- Medical Self-Report (must be completed in full)
- DCYC Needs List
- DCYC No Tolerance Policy

Delaware County Youth Connection

Needs list

As a participant in **Delaware County Youth Connection (DCYC)** events you are responsible to provide the following:

- **Breakfast** – all participants are encouraged to eat breakfast prior to the event. (*Oatmeal is always a great choice!!*)
- **Lunch**- all participants are encouraged to pack a lunch for events. (*Peanut butter and jelly sandwiches are always a yummy choice!!*)
- **Water**- participants are encouraged to bring at least 32-64oz. of water. (*Water is preferred to sports drinks, juice drinks, and sodas.*)
- **Snacks**- participants are encouraged to bring healthy snacks. (*Fruit, granola and nuts are healthy choices.*)

As a participant in **Delaware County Youth Connection (DCYC)** events you are encouraged to wear/bring the following:

- **Hiking boots or sneakers**- tennis shoes or other shoes are inappropriate for events.
- **Comfortable clothing**- wearing layers of clothing is encouraged- bring additional clothing in case of rain or inclement weather.
- **Extra socks**- during long hikes, wearing two pairs of socks help prevent blisters.
- **Sun block and sunglasses**- participants will need both sunglasses and sun block (SPF 30) for outdoor events.
- **Hats**- wearing a hat shades you from the sun and helps to prevent sunburn.

Participants who have asthma must bring their inhaler with them on every event and present their inhaler to staff along with a note from their parent/legal guardian.

I hereby state that I have read and fully understand the above described responsibilities and agree to comply with the above terms.

Student Signature: _____ Date: _____
Parent/Legal Guardian Signature: _____ Date: _____
Staff Signature: _____ Date: _____

Copy to be provided to parent/legal guardian

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Please keep for your records

**Delaware County Youth Connection
Personal Data Form**

Name: _____

Birth date: _____

Age: _____

Gender: _____

Street Address: _____

City/State/Zip: _____

Home phone number: _____ - _____ - _____

Cell phone number: _____ - _____ - _____

Work phone number: _____ - _____ - _____

E-mail: _____

Current School you attend: _____

How did you learn about the Delaware County Youth Connection (DCYC)?

What's the best way to get in touch with you to inform you of upcoming events?

There will be a charge for most events ranging from \$10-\$15. Please let Alex know if costs for events will be a financial burden. Scholarships funds are available for students who qualify.

Holcomb Behavioral Health Systems

Consent and General Release of Liability

I hereby give my permission for my child (print name) _____ to participate in **Delaware County Youth Connection (DCYC)** activities, including but not limited to: attending meetings and events, traveling in vehicles driven by Holcomb staff and volunteers, allowing their photographs to be published (print, media, website, etc.) in connection with **DCYC**, and allowing their names to be mentioned in press releases/promotional materials.

I further authorize Holcomb staff, should it become necessary in the event of an accident or illness, to secure medical care and services for my child. *(All reasonable efforts would be taken to notify Parent/Legal Guardian in the case of medical emergency.)*

In consideration for allowing my child to participate in this venture, on her/his behalf I do release, waive and/or discharge Holcomb Behavioral Health Systems, its employees and agents from any and all liability, of any nature whatsoever, arising out of any injury that may occur to my child while in the custody and/or care of the above agency and/or its employees. I fully understand that by signing this General Release of Liability, I will not be able to file for any claims or suits against the above named agency for any damages or injuries that may occur to the minor child as a result of her/his participation in the above described events.

I hereby state that I have read and fully understand the above consent and general release of liability and intend to be legally bound by its terms.

Student Signature: _____ Date: _____

Parent/ Legal Guardian Signature: _____ Date: _____

Parent/ Legal Guardian Phone Number: home# _____ cell# _____

Emergency Contact (name and phone number): _____

Staff Signature: _____

Copy to be provided to parent/legal guardian

Delaware County Youth Connection No Tolerance Policy

As a participant of Delaware County Youth Connection events you will be responsible for conducting yourself in a respectful manner toward other members and staff.

Profane or insulting language is not acceptable. There is a **no tolerance policy** for individuals, who physically harass, sexually harass, bully, stalk, use racial/ethnic intimidation, threaten and/or assault other DCYC members and/or staff. A violation of the above will result in dismissal from future events.

There is a **no tolerance policy** for individuals who manufacture, distribute, sell, transfer, solicit, purchase, possess, use, transport or import any controlled drug, narcotic substance, alcohol and tobacco product. There is a **no tolerance policy** for individuals who possess equipment and/or devices used for preparing or taking drugs, narcotics and /or alcohol and tobacco products. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for individuals who present to an event intoxicated. Such individuals will be excused from the event and future events and the police and parents/legal guardians will be contacted.

There is a **no tolerance policy** for individuals who present to an event in possession of a firearm or attempt to use a firearm during an event. This includes any weapon which will, is designed to, or may be readily converted to expel a projectile by the action of an explosive; the frame or receiver of any such weapon; any firearm muffler or firearm silencer; any destructive device; or machine gun. A destructive device is any bomb, grenade, mine, rocket, missile, pipe bomb, or similar device containing some type of explosive that is designed to explode and is capable of causing bodily harm. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for individuals who present to an event in possession of a knife/cutting instrument or attempt to use a knife/cutting instrument during an event unless instructed and under the supervision of a guide. Included in this category are pocket or pen knives, razor blades, hatchets, axes, cleavers, scissors, glass, broken bottles, daggers, ice picks, machetes, or similar instruments with sharp cutting edges. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for individuals who present to an event in possession of or intention of use of other weapons. Included in this category are numchakus, brass knuckles, chains, metal pipes, Chinese stars, billy clubs, tear gas, electrical weapons or devices (stun gun), toy guns, M80's, mace and/or pepper gas.

All participants must be alert and attentive at all times. The use of CD players, MP3 players and iPods are discouraged during events. Participants may bring cell phones but are encouraged **not** to use them during events.

I hereby state that I have read and fully understand the above no tolerance policies and intend to comply with the above terms.

Student Signature: _____	Date: _____
Parent/Legal Guarding Signature: _____	Date: _____
Staff Signature: _____	Date: _____
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Please keep this page for your records

Holcomb Behavioral Health Systems Medical Self-Report

Name: _____ Date of Birth: _____ Date: _____

Family Physician: _____ Date of last physical: _____

How would you describe your current state of health?

___ very good ___ good ___ poor ___ very poor

Please indicate which medical conditions you have experienced in the past and which conditions you are currently experiencing.

Have had in past	Have now		Have had in past	Have now	
		General Health			Glands
Y N	Y N	Tuberculosis	Y N	Y N	Swollen Glands
Y N	Y N	Flu	Y N	Y N	Thyroid Problems
Y N	Y N	Hepatitis	Y N	Y N	Diabetes
Y N	Y N	Cancer	Y N	Y N	Low energy level
Y N	Y N	Frequent Colds	Y N	Y N	High energy level
Y N	Y N	Pneumonia			Genito-urinary
Y N	Y N	Heart Problems			
Y N	Y N	Stroke	Y N	Y N	Kidney Problems/UTI
Y N	Y N	Mononucleosis			
Y N	Y N	Surgery, Specify			
		Gastro-intestinal			
Y N	Y N	Stomach trouble			Nervous System
Y N	Y N	Ulcers	Y N	Y N	Frequent Nightmares
Y N	Y N	Liver trouble	Y N	Y N	Shakiness/tremors
Y N	Y N	Weight loss	Y N	Y N	Frequent headaches
Y N	Y N	Weight gain	Y N	Y N	Sleep problems
Y N	Y N	Loss of appetite	Y N	Y N	Nervousness
Y N	Y N	Pancreatitis	Y N	Y N	Depression
		Circulation	Y N	Y N	Mental Illness
Y N	Y N	Cold hands/feet	Y N	Y N	Attempted Suicide
Y N	Y N	High blood pressure	Y N	Y N	Memory Problems
Y N	Y N	Low blood pressure	Y N	Y N	Head Injury
Y N	Y N	Bleed Easily	Y N	Y N	Paralysis/loss of mobility
		Respiration	Y N	Y N	Loss of Coordination
Y N	Y N	Difficulty breathing	Y N	Y N	Persistent Pain
Y N	Y N	Frequent coughing			Females Only
Y N	Y N	Pain/pressure in chest	Y N	Y N	Pregnant
Y N	Y N	Coughing Blood			Males Only
Y N	Y N	Night Sweats	Y N	Y N	Prostate Problems
Y N	Y N	Asthma			Vision
				Y N	Blurred vision
				Y N	Contacts
				Y N	Glasses

Food Allergies _____

Drug Allergies: _____

Environmental Allergies: _____

Do you experience chronic pain? ____ Yes ____ No

If yes, describe the location/context of the pain: _____

Are you receiving treatment? ____ Yes ____ No

Height: ____ ft. ____ in. **Weight:** ____ lb.

Do you consider yourself: ____ average weight ____ overweight ____ underweight

In the past month, have you: ____ gained weight ____ lost weight? **How much?** ____ lb.

Was this gain/loss intentional? ____ yes ____ no

In a typical week, how often do you eat: ____ Breakfast ____ Lunch ____ Dinner

Do you believe that you have balanced meals? ____ yes ____ no, why not? _____

Have you ever: ____ binged ____ purged ____ restricted calorie intake

How recent? _____ **How frequently?** _____

Please list prescribed medications and dosages currently taken:

Medication: _____	Dosage: _____	Start Date: _____
_____	Dosage: _____	Start Date: _____
_____	Dosage: _____	Start Date: _____
_____	Dosage: _____	Start Date: _____

Please list any street drugs or alcohol used, amounts and frequency:

Emergency contact: _____ **Home #** _____

Cell # _____

Relationship: _____ **Work #** _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____