

UWSP Athletics
Summer Camp Health Care
Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Uses and Disclosures

Treatment Your health information may be used by camp health staff members or camp staff for the purpose of evaluating your health, assessing medical conditions, and providing treatment. Brief information about your medical condition may be shared with the camp staff to provide treatment for your injuries or medical conditions.

Referral Your health information may be communicated to other health professionals in the event of an emergency situation where referral to an advanced medical facility is warranted.

Participation In the UWSP Athletic Summer Camp setting, it is a necessity that camp health staff communicate with coaches and administrators. Discussing your health information allows them to make participation decisions. The Consulting Physician, Camp Health Supervisor, Camp Health Staff, and other camp staff members will disclose information that is determined necessary for these decisions to be made. This information may include information from a physician's evaluation; laboratory or diagnostic testing results; or other pertinent information. This information, with input from the camp health staff, is used as a tool to assist Camp Health Staff determination the ability to participate.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than that listed above requires your specific written authorization. If you change your mind after authorizing use or disclosure of your information, you may submit a written revocation of the authorization.

Individual Rights You have certain rights under the federal privacy standards. These include:

- The right to restriction on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive a printed copy of this notice
- **The right to receive a copy of The Notice of Privacy Practices for medical and rehabilitative services**

CUT AT DOTTED LINE. FILL OUT AND RETURN THE FORM BELOW. KEEP THE TOP SECTION.

Notice of Privacy Practices Acknowledgement

I hereby acknowledge that I have received the Notice of Privacy Practices statement.

Camp Name: _____ Camp Dates: _____

Student/Camper Name: _____

Date: _____

Signature: _____ (If student or camper is under 18 years old, then this must be a parent's or guardian's signature).

UWSP Athletics Summer Camp Health Care Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We are also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required with changes in federal and state laws and regulations. If there are changes, we will provide you with a revised notice.

Requests To Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. For records maintained by the camp health staff, written requests must be submitted to the Camp Health Supervisor.

Complaints

If you would like to submit a comment or complaint about the privacy practices of UWSP Athletics Summer Camp Health Care, please do so by sending a letter outlining your concerns to:

UWSP Athletic Training Services
Room 040 HEC
2050 4th Ave
Stevens Point, WI 54481
(715)346-4570

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

Contact Person

For any further information concerning the privacy practices of UWSP Athletics Summer Camp Health Care, please contact the UWSP Athletics Camp Health Supervisor listed above.

Effective Date

This Notice is effective on or after April 14, 2003.

CUT AT DOTTED LINE. FILL OUT AND RETURN THE FORM ON THE OTHER SIDE. KEEP THE TOP SECTION.

Youth Event Health Form

Youth Name: _____ Birth date _____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home _____ Work _____ Cell phone _____

Home address: _____
Street City State ZipSecond parent/guardian
and/or emergency contact: _____ Phone: Home _____
Work _____Address: _____
Street City State Zip

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin – Stevens Point, it is event/camp policy to secure your consent for **medication distribution and for the use of medical devices**. The medication or medical device must be administered by designated event/camp health staff with the exception that a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

Prescription medication(s) has been brought to event/camp. All prescription medication must be in the **original medicine bottle** (see picture at right) and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested on the second page of this form.



Over-the-counter medications have been brought to event/camp and may be administered by camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage, and instruction.

No medication(s) has been brought to event/camp.

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your agreement to **all of the following** statements. By signing below:

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct and up-to-date, and that **I will provide any and all significant, material, or important changes** to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin –Stevens Point, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(Must complete reverse side)

Date

UW-Stevens Point Youth Event Health Form (Continued)

Participant Name: _____

Parent/Guardian Signature: _____

Health Conditions (check)

- Asthma
- Diabetes
- Epilepsy
- Psychiatric
- Cognitive/Developmental
- Any dizziness, light-headedness or fainting associated with exercise within the past year
- Any unexplained, rapid or irregular heart beat within the past year
- A physician has sometime denied or restricted participation in sports due to a heart problem

Allergies (check & list specifics)

- Insect stings _____
- Foods _____
- Medications _____
- Other _____

Do any allergies require an EPIPEN Injection? Yes No

Is an inhaler required and carried by youth? Yes No

Date of last Tetanus booster : _____

Name of Insurance Co.: _____ Policy #: _____

Description of any limitation or restriction of event activities:

Any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event/camp (include circumstances when physician should be notified)?

Medications camper will be taking at camp:

Name of Medication	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

1. Does the youth experience any side effects from the medication? (i.e., mood/behavior changes, upset stomach, Yes No diarrhea)

List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:

2. _____

*** FOR EVENT/CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN ***

1. Are there any changes in your child's health status since the medical forms were sent in? No Yes
2. Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? No Yes
3. Does your child now have any rashes or open sores? No Yes
4. Are there any changes in your dependent's medications? (If Yes, Staff make changes . & sign) No Yes
5. Does your child have any recent injury or activity restrictions? No Yes
6. Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? No Yes
If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:

Information provided by: _____ To: _____ Date: _____



UWSP General Release Form

Parent or Guardian: Please read and sign at the bottom

Photo & Video Release

I understand that the University may take photographs and/or videos of camp participants and activities. I agree that the University of Wisconsin-Stevens Point shall be the owner of and may use such photographs and/or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

Swimming Release

My child does know how to swim.

Yes No (check one)

(The UWSP pool is 4.5 feet in depth at its most shallow end.)

If yes, I give my child permission to participate in swimming and/or boating activities while at a UWSP summer camp.

Yes No (check one)

I have read and fully understand the above releases:

Parent/Guardian Name: _____

(Please Print)

Parent/Guardian Signature: _____

Date: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Student/Camper Name: _____

Camp Name: _____

Camp Dates: _____

University of Wisconsin – Stevens Point
Summer Camp Concussion/Head Injury Form

I, _____, have been provided and read the concussion and head injury information sheet. I understand that there is a risk of injury during athletic participation and I agree to disclose any signs and symptoms of a concussion to the camp coaching staff. I also understand that I will be removed from play to eliminate the risk of further injury and will not be able to resume participation until evaluated and cleared by a health care provider who has experience with evaluating and managing pediatric concussions and head injuries. I will provide written clearance on the health care provider's letterhead or prescription note allowing me to continue participation in the activity.

Participant's Signature

Participant's Print Name

Parent/Guardian (if participant is under 19)

Date

KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care provider



Wisconsin Concussion Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

To learn more about concussions go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org

