

2024 SECME National Student Competition - CHAPERONE Participation

SECME Coordinator/Teacher's Name: _____

Adult Chaperone Participant Information

Name: _____ Birthdate: ____/____/____

Age: _____ Male or Female: _____ School: _____

Home Address: _____

City, ST, Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Name: _____ Relationship to Self: _____

Primary Number: _____

Emergency Contact Information

Name: _____ Relationship to Self: _____

Primary Number: _____

Emergency Contact Information

Name: _____ Relationship to Self: _____

Primary Number: _____

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Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No	Conditions	Yes	No
1) Asthma			12) Wear Contact Lenses		
2) Bronchitis			13) Penicillin Allergy		
3) Convulsions			14) Aspirin Allergy		
4) Diabetes			15) Tetanus Allergy		
5) Ear Infection			16) Other Drug Allergies		
6) Fainting			17) Food Allergies		
7) Heart Condition			18) Serious Ivy, Oak, or Sumac		
8) Headaches			19) Sunscreen Allergies		
9) Hypoglycemia			20) Other Allergies		
10) Serious Insect Stings			21) Other Health Conditions		
11) Wear Glasses					

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? ☐ Yes ☐ No**If yes, mark which is used:** ☐ Inhaler ☐ EpiPen**Special Requests:** If the participant requires accommodations for special needs to participate during the youth activity, please provide information about the special needs

Name of Doctor: _____

Doctor's Office Phone: _____

Health Insurance Company: _____

Policy #: _____

Name of Insured: _____

Relationship to Participant: _____

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Code of Conduct:

As a participant in a youth activity hosted, operated, conducted, sponsored, or organized by the University of Florida, a DSO, or an Affiliate Entity I must obey university policies and regulations. Abide county, and state laws. Follow any special rules for the youth activity or event.

- (1) Speak and act in a responsible, courteous, and respectful way. Harassment, threats, or bullying of any type is prohibited.
- (2) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (3) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a youth function must be reported to the adult in charge and must not be accessible to other participants.
- (4) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (5) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (6) Participate fully in youth functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (7) Dress appropriately for each activity or event.
- (8) Use of any mobile electronic device during a scheduled youth or activity or event is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (9) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by UF personnel, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement)
- (10) The failure to adhere to the Code may result in a dismissal from the youth activity or event.

Youth or Adult Agreement: ☐ Yes, I understand and agree to the Code of Conduct.

Parent/Guardian Agreement: ☐ Yes, I understand and agree to the Code of Conduct.

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