

**EMERGENCY CONTACT INFORMATION/MEDICAL/PHOTO/CODE OF CONDUCT FORM**

STUDENT NAME

STUDENT DATE OF BIRTH

**WAIVER OF LIABILITY AND EMERGENCY MEDICAL RELEASE**

***(Any medications necessary for your child should be taken at home before the student comes to class.)***

I authorize College of DuPage personnel to take appropriate action in the event of an emergency. Students with medical emergencies will be taken to the nearest hospital, and I understand that I am responsible for all costs incurred in relation to my child. I release College of DuPage and its directors, officers, trustees, employees and agents from all liability, in accordance with current state and federal law, arising from participation in the Continuing Education program. I also understand that if my son or daughter becomes ill or engages in destructive behavior, the emergency contact will be called to take him or her home.

PARENT (GUARDIAN) SIGNATURE

KNOWN ALLERGIES OR MEDICAL CONCERNS

Please prioritize the following phone numbers. Please print all information legibly. Number them in the order which we are most likely to contact a parent or guardian. Only list persons authorized to pick up your child in the event of an emergency. Thank you!

**1ST CONTACT: NAME**

RELATIONSHIP TO STUDENT

( )

PRIMARY PHONE

( )

WORK PHONE

( )

SECONDARY PHONE

EMAIL ADDRESS

**2ND CONTACT: NAME**

RELATIONSHIP TO STUDENT

( )

PRIMARY PHONE

( )

WORK PHONE

( )

SECONDARY PHONE

EMAIL ADDRESS

**PHOTO AND VIDEO RELEASE**

I hereby give College of DuPage permission to use any photograph or video footage of my child for public relations purposes (i.e., flyers, catalogs, brochures). Please check appropriate box.

Yes     No

PARENT SIGNATURE

DATE

# YOUTH ACADEMY STUDENT CODE OF CONDUCT

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All students participating in the Youth Academy program are required to follow the guidelines defined within this document in order to ensure safety and allow the programs to operate at their highest quality.

Youth Academy staff will redirect any student who fails to follow these guidelines and help them find alternative ways to behave appropriately. If the behavior persists, or if the student exhibits a serious prohibited action, an Incident Report will be used.

Disciplinary actions resulting from the Incident Report may include, but are not limited to, verbal warning, communication with the student's parent or guardian, loss of privileges and removal from the Youth Academy program. There will be no refunds given for students who are removed from the program due to violations of the Code of Conduct. We ask that every parent/guardian read the following information to their student to ensure all rules and consequences are understood.

## BEHAVIOR GUIDELINES

1. Listen to and promptly follow instructions given by Youth Academy staff.
2. Keep your hands and feet to yourself.
3. Clean up after yourself and help others keep a clean environment.
4. Show respect for yourself, other students, staff and Youth Academy property.
5. Be helpful, kind and honest.

## PROHIBITED ACTIONS

1. Endangering the health and safety of yourself, other students or staff.
2. Bullying of any kind, including but not limited to, disrespectful language, exclusion, teasing, and physical acts of aggression or violence.
3. Continual disruption of the Youth Academy program.
4. Inappropriate physical contact or use of inappropriate language.
5. Going anywhere without the supervision of a Youth Academy staff member.
6. Use of personal electronic devices without the direct permission of Youth Academy staff.

*I have discussed the Behavior Guidelines and Prohibited Actions with my child and they understand what is expected from them while participating in Youth Academy programs and the consequences for not following these rules.*

*I understand that if my child has any medical or behavioral conditions that may require additional assistance in following these guidelines, I must contact the Youth Coordinator at (630) 942-2208 prior to the start of the program to discuss whether accommodations can be made.*

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STUDENT NAME

STUDENT SIGNATURE

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PARENT SIGNATURE

DATE