Checklist of Forms

CODE OF CONDUCT

_____ All campers must complete this form. Failure to follow the code of conduct can result in dismissal from camp.

HEALTH INFORMATON FORMS

There are four (4) pages to this set of information.

_____ Page 1

_____ Page 2

_____ Page 3

_____ Page 4

_____ Copy of Insurance card (both front and back)

_____ Medicine Turn in (Campers only need this form if you are turning in medication to be given to the camper on a daily basis by the Nurse.)

_____ Waiver and Consent Form

Please return all completed forms, except the packing list to:

Druhna Elizabeth Schaefer

Polish Falcons of America

1016 Greentree Road Suite 210

Pittsburgh, PA 15220

If you have any questions, you can email Druhna Beth at eschaefer@polishfalcons.org or call her at 412-965-8046.

Polish Falcons of America

Camp Code of Conduct and Camp Information

This form is required for ALL campers and Junior Counselors

Camper's Name _____

Additional Camper in Family _____

Additional Camper in Family _____

Additional Camper in Family _____

Camp Code of Conduct

I understand that my attitude and behavior are critical to the success of the camping session; therefore, for the good of the camp, as well as my fellow group members, I agree to abide by the following:

1. I will cooperate with the camp staff and be sensitive to the needs of my fellow campers.
2. I will participate in program activities as well as camp chores and clean up.
3. I will respect the people and places with which I come in contact.
4. I will show respect for myself and others by being responsible for my words and actions toward other campers and the camp staff. I understand that teasing, intimidating, and bullying other campers is not acceptable behavior.
5. I understand that the use of tobacco., vapes, alcohol, drugs, and inappropriate language or subject matter will not be tolerated and that usage will result in dismissal from camp.
6. I understand that I am not allowed to bring weapons or fireworks to camp.
7. I understand that I am not allowed to bring food to camp.
8. I will be responsible for my personal belongings and equipment and will not hold the PFA responsible for their loss or damage due to my negligence or neglect.
9. I will treat equipment provided by SNPJ and PFA with care. I understand that I will be assessed for damages to such equipment if my use of it is negligent or abusive.
10. I understand that I am expected to dress appropriately (no booty shorts or real short shorts) and follow all directions for camp activities. If I do not dress appropriately, I will be asked to sit out for my own safety and the safety of my peers.
11. I understand that I may bring electronic devices, but that I will not be allowed to use them during camp activities. They may be used during rest periods in cabins. . **Cell phones will be kept in the cabins at all times unless needed for medical**

management. If you bring your electronic devices with you during activities, they will be taken and returned at the end of the day. The third (3rd) time the device is taken, it will be returned at the end of camp

12. I will observe all safety rules and regulations established for program, recreational, and personal activities. I will report all injuries or illnesses to the camp staff.
13. I understand that if I am involved in any unacceptable behavior, I will receive two (2) warnings. After two warnings, my parents/guardians will be called, and I will be sent home. I understand that if I am sent home it will be my parents/guardians responsibility to pick me up at any time of the day or night and that any additional expense incurred will be their responsibility.

I have reviewed the Code of Conduct with my campers and understand, agree with, and fully accept the above, as outlined for camp participation.

Parent/Guardian signature _____

I understand, agree with, and fully accept the above Code of Conduct and camp information.

1st Camper signature _____

2nd Camper signature _____

3rd Camper signature _____

4th Camper signature _____

Date _____

Packing list

_____ **Polish Falcons Uniform** You will need a pair of Navy Blue shorts, white polo, white socks, and white shoes
_____ Sleeping bag, blanket, or sheets
_____ Pillow and twin fitted sheet
_____ Laundry bag for dirty clothes
_____ 10 pairs of underwear
_____ 10 pairs of socks
_____ 2 pairs of tie tennis shoes
_____ flip flops for shower
_____ beach towel
_____ towel and wash cloth for shower
_____ unscented soap (keeps insects away)
_____ deodorant
_____ sunscreen, for both face and body
_____ insect repellant
_____ hat
_____ sunglasses
_____ blue jeans or pants
_____ shorts
_____ shirts
_____ tank tops
_____ sweatshirt or hoodie
_____ rain poncho
_____ bathing suit
_____ pajamas
_____ toothbrush
_____ toothpaste
_____ shampoo
_____ conditioner
_____ hair brush/comb
_____ flashlight with extra batteries
_____ spiral notebook with pen
_____ tissues
_____ prescription medication in original container with medicine turn-in form
_____ quiet time activities to be used during rest periods
If you are a younger camper, you may want to place your clothing needs for each day, such as underwear, shorts, top, and socks in a ziploc bag labeled with the days of the week. This will help you get dressed quickly in the morning.

Youth Waiver and Consent Form

I, _____, the parent/guardian of this athlete, _____, hereby agree to allow him/her to participate in the activity designated below.

I understand that there are certain risks of injury inherent in the practice and play of this activity, as well as in traveling and other related activities incidental to his/her participation, and I am willing to assume these risks for my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I hereby certify that my child does not have a concussion and has not been in the care of a health professional for a concussion in the past year. Yes_____ No _____
If no is checked, please include a copy of your child's release from a health care professional to participate in physical activities such as this event.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Polish Falcons of America, its officers, coaches, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated activities incidental thereto, whether the result of negligence or any other cause.

Parent/Guardian Signature _____
Date _____

Polish Falcons of America Summer Camp
July 19-25, 2026 SNPJ Enon Valley, PA

Participant Name _____
Participant Email _____
Participant Address _____
_____
Participant Telephone _____ Age _____

Please list any physical limitations (allergies, hearing, visual)

Parent Signature _____
Parent email address _____

The Polish Falcons of America reserves all rights to photographs and videos taken during this event which will be used solely to promote the mission of the PFA including our printed publications and our website. Participants agree to allow the PFA to use photographs and videos in which they appear.

I have read and understand the above:
Participant Signature _____

POLISH FALCONS OF AMERICA
THE STRONG, FRIENDLY, FAMILY FRATERNAL

Health History Form

Name of Participant _____

Address _____

_____

Gender M _____ F _____ Date of Birth _____ Age _____

Custodial Parent/ Guardian _____

Cell Phone _____

In case of emergency when parent/guardian is not available, please notify

Name _____ Relationship _____

Cell Phone _____ Email address _____

Insurance Information

Is participant covered by family medical/hospital insurance? Y_____ N _____

If so, indicate the carrier plan name: _____

Carrier Address _____

Name of Insured _____ Relationship _____

Please include a copy of both sides of the insurance card

Health History

The following must be filled out by the parent/guardian. The intent of this information is to provide health care personnel the background to provide appropriate care. Keep a copy of the completed form for our records. Any changes to this form should be provided to the trip director.

ALLERGIES: List all known Describe reaction and management to reaction

Medication Allergies:

_____ _____

_____ _____

Food Allergies:

_____ _____

_____ _____

Environmental Allergies:

_____ _____

_____ _____

Medications being taken

Pleas list all medications (including over-the-counter or non-prescription drugs) taken currently. Bring enough medication to last the entire time in Poland. Keep in the original packaging/bottle that identifies the prescribing physician (if prescription medication), the name of the medication, the dosage, and the frequency of administration. Use additional sheet of paper if needed.

_____ This person takes NO medications on a routine basis

_____ This person takes medications as follows:

Medication_____ Dosage _____ Specific times taken _____ Reason for medication _____
Medication_____ Dosage _____ Specific times taken _____ Reason for medication _____
Medication_____ Dosage _____ Specific times taken _____ Reason for medication _____

Restrictions—The following restrictions apply to this individual

Dietary

_____ Does not eat red meat _____ Does not eat pork _____ Does not eat eggs

_____ Does not eat seafood _____ Does not eat poultry

_____ Does not eat dairy products Other: _____

Restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

_____

_____

_____

Illnesses/Diseases/Health Conditions (Check all that apply)

Asthma	
Colds-Frequent	
Measles	
Hepatitis	
Nosebleeds	
Bed Wetting	
Diabetes	
Heart Disease	
HIV/AIDS	
Stomach upset	
Bleeding disorder	
Tuberculosis	
German Measles	
Hypertension	
Rheumatic Fever	

Braces/Retainer	
Ear infections-often	
Contacts/Glasses	
Hearing Impairment	
Epilepsy/Seizures	
Sleep disorder	
Eating disorder	
Menstrual cramps	
Headaches-often	
Sore throats-often	
Chicken pox	
Fainting	
Measles or Mumps	
Mononucleosis	
Migraines	

Please explain any check(s):

_____

_____

_____

Any operations or serious health problems or hospitalizations:

_____

_____

_____

Name of Family Physician _____ Phone _____

Address _____

Name of family dentist _____ Phone _____

Address _____

Immunization Record:

Date of Last Tetanus: _____ Date of last Physical _____

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP						
TD Tetanus/Diptheria						
Polio						
MMR						
Or Measles						
Or Mumps						
Or Rubella						
HIB						
Varicella						
BCG						
Hepatitis B						

PERMISSION TO DISPENSE MEDICATIONS Parents/ Guardians: Please read this list of medications and symptoms carefully. These medications and the symptoms for which they are administered are approved by a licensed physician and may be administered by the Tour Director. Use this information to determine which medications you give permission to be dispensed to your child. All of these medications are stocked by the Tour Director.

Initials	Medication	Symptoms
	Motrin	Menstrual pain, sprain, strain, fever, aches
	Aloe Vera Gel	Sunburn
	Benadryl tabs	Severe itching, swelling form insect bites, hives, rashes, poison ivy, etc.
	Benadryl cream	Bug bites
	Tums/Maalox	Indigestion, stomach ache
	Tylenol	Pain, fever
	Artificial tears	Eye irritation
	Ben Gay	Muscle aches/Strains
	Orajel	Toothache
	Cough drops	Cough/sore throat
	Imodium	diarrhea
	Laxative	Constipation
	Chloraseptic spray	Sore throat
	Robitussin	Cough

Any other information you deem necessary for us to know to protect the health and welfare of your child while in Poland.

_____

_____

_____

_____

Medicine Turn-in Bring to JFK airport check in with group

Participant Name: _____

Please mark with amount of liquid or # of pills to be given

Medication	Purpose	As Needed	Breakfast	Lunch	Dinner	Before bed	Other

Any changes in participant's health since the medical form was filled out:

_____

_____

_____

Any information we should know about your child to help their stay in Poland be safe and more enjoyable?

_____

_____

_____

Parent Signature: _____

Date: _____