

# Mini-PANDA Application Packet

What: One day Mini-PANDA

For Who: Middle School Students!

Where: Pilgrim United Church of Christ  
130 Broad Blvd.  
Cuyahoga Falls, OH 44221

Cost: \$15 per person

The amount is due before the conference

Make checks payable to Community Health Center

\*If your school does NOT have an advisor, please send the completed application and check to:

Lauren Bush  
Community Health Center  
725 E. Market St.  
Akron, OH 44305  
330-315-5230

**\*\*Please note that this fee is non-refundable\*\***

**Lunch will be provided! You will need to sign out your child!**

The goal of P.A.N.D.A. is to begin to educate young people, not only about the dangers of drug/alcohol abuse and use, but also about peer pressure, decision-making and self-esteem. P.A.N.D.A. is not a drug treatment or rehabilitation program.

If you have questions concerning the program please contact  
Lauren Bush (330) 315-2689 otherwise please direct all general questions to your child's Panda Advisor,  
located in their middle school.

# Mini-PANDA Tentative Schedule

## FRIDAY

9:00-10:00	Registration
10:00-11:00	Welcome- <b>Opening Session</b>
11:00-12:15	Family Group
12:20-1:00	Lunch
1:05-2:05	Guest speaker
2:05-2:40	Family Group
2:40-3:40	Y-Staff presentation
3:40-4:15	Family Group
4:20-5:00	School Action Planning
5:20-6:00	Closing
6:00	Sign Out

# Parent Information Sheet and Checklist

## KEEP THIS SHEET!

### Departure and Arrival times:

1. Registration 9-9:30am

2. Pick up time 6pm

**Emergency Contact Number: Lauren Bush's (Prevention Coordinator) cell phone (330) 608-7634.**

### Checklist

- Read and signed the application/medical form and what not to bring!
- Made note of any allergies, medications, or other medical conditions on the medical form.
- Medication to be sent with child is clearly labeled with their name and dosage, upon arrival at the conference it must be immediately turned in to the nurse.
- Made the \$15.00 conference tuition fee payment to the Community Health Center**, if a personal check was written make sure your child's first and last name are printed on the check in the memo section.

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**If you have questions concerning the program please contact  
Lauren Bush (330) 315-2689 otherwise please direct all general questions to your child's Panda Advisor,  
located in their middle school.**

## Mini-PANDA Directions

### KEEP THIS SHEET!

From Akron:

Rt 8 North

Broad Blvd. Exit-turn left

Turn left onto 2<sup>nd</sup> Street

Church is on the left (corner of Broad Blvd. and 2<sup>nd</sup> Street)

From the North:

Rt. 8 South

Broad Blvd. Exit-turn right

Turn left onto 2<sup>nd</sup> Street

Church is on the left (corner of Broad Blvd. and 2<sup>nd</sup> Street)

## **What *not* to bring!**

1. **Tobacco, alcohol or other drugs\*** (\*unless prescribed by a doctor and left with the nurse upon arrival). These items will be confiscated and not returned, and result in immediate dismissal with no refund of camp fee. Parent will be phoned immediately to arrange transportation home.
2. **Weapons of any type (pocket knives, guns (including water guns)** \*These items will be confiscated and not returned, and result in immediate dismissal with no refund of camp fee. Parents will be phoned immediately to arrange transportation home.
3. **Negative attitudes, rudeness, foul language, an unwillingness to participate or aggressive behaviors.** \*Such behaviors could result in immediate dismissal with no refund of camp fee. Parents will be notified to arrange transportation home.
4. **Inappropriate Attire: Short shorts, mini-skirts, spaghetti Strap Tank Tops, See-Thru Tops, Halter Tops, Heels of Any Kind, Flip flops, and Band T-Shirts. Remember the 6 B's (No Breasts, Bellies, Boxers, Briefs, Backs, and Bras)** If we can see any of those body parts or undergarments, staff will ask you to change. If you do bring any of these items you will not be allowed to wear them, you will be asked to change immediately. And if all else fails you may wear the hand-me-downs that the Prevention Coordinator will provide for you, but believe me these are not the highest of fashion garments!
5. **Please do not bring headsets, boom boxes, pagers or cell phones.** These items are not necessary at camp and are too expensive to be left in the dorms. CHC will not be responsible for lost or stolen items.
6. **Please do not bring any food or drinks.**
7. **Please do not bring any money.**

## **Rules and Expectations** **KEEP THIS SHEET!**

1. **Attend and actively participate in all scheduled events and activities throughout the day.**
2. **Be courteous and respectful to all volunteer staff, both adult and youth.**
3. **Respect the rights of others and their belongings (no put-downs, swearing, aggressive behavior, or stealing).**
4. **Maintain the grounds and facilities (no littering or graffiti on the buildings).**
5. **Wear nametag around your neck at all times, to ensure proper identification.**
6. **Do not leave or operate motorized vehicles.**
8. **No use of alcohol, tobacco, or other drugs (unless prescribed by a doctor).**

# Project P.A.N.D.A.-Mini-PANDA Application

Please Print Clearly or Type

This application form should be completed and returned to \_\_\_\_\_  
by \_\_\_\_\_. Check or money order needs to accompany this form. Make checks  
payable to Community Health Center. You can send this application to Lauren Bush at: 725 E. Market  
St. Akron, OH 44305

Student's Name \_\_\_\_\_ [ ] Male [ ] Female

Grade \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity: **Circle one:** White/African- American/ Hispanic/ Asian/Other \_\_\_\_\_

Email: (this is to email you a reminder) \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell or Pager ( ) \_\_\_\_\_

Parent/Guardian Names

Relationship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Whom to notify in case of emergency

Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Assumption of Risk Release

I understand that upon my child's acceptance for Project P.A.N.D.A., either my child's school or I will be responsible for a NON-REFUNDABLE \$15.00 tuition fee, payable to the **Community Health Center**, on or before the registration deadline stated on the application.

I will also be responsible for the transportation of my child to and from the conference. I understand that if my child breaks any rules, or brings any items on the "Things not to bring list," that I will be phoned immediately and will need to arrange transportation to pick up my child. Please carefully read the list of rules and things not to bring sheet.

I understand that my child may be photographed and/or videotaped at any PANDA function, and that these photos may be used publicly for promotional purposes of Project PANDA. These photographs and/or videotapes are the property of the Community Health Center, and may be placed on the web site.

I understand that necessary precautions and plans for the care and supervision of the students will be observed. Therefore, I assume there are unpredictable risks involved and I release the Community Health Center and the conference site, and its appointed personnel from any responsibility in the case of illness, accident, injury or emergency first aid administered to my child. I further give my permission that my child may be treated by any physician, hospital, or other medical facility.

*I understand that P.A.N.D.A. is not a drug treatment or rehabilitation program.*

**I understand the above.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**--OVER--**

# Medical Form

Allergies: \_\_\_\_\_

Please list any medications that your child is currently taking:

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical conditions that the Community Health Center should be aware of:

Please list any special educational needs that your child has that we need to be aware of:

*\*Please clearly label all medications with your child's name, the medication dosage and how often it is to be administered. Only bring needed medication. This will be kept on your child, unless you otherwise indicate.*

Name of PANDA school advisor or school counselor \_\_\_\_\_

Vegetarian  Yes  No

T-Shirt size: Adult S M L XL

For the safety of your child and the other participants of the program it is essential that all parents and students take the time to read the rules for camp and the "what to bring, what not to bring" sheet.

I have read the rules and what to bring sheet, and understand my responsibilities as a participant or parent of a participant in the PANDA Program:

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

PANDA is a program of the Community Health Center. 725 E. Market St. Akron, OH 44305  
330-434-4141. [www.commhealthcenter.org](http://www.commhealthcenter.org)