

# Fairfax County Park Authority Employee Emergency and Medical Information



Position Title \_\_\_\_\_ Start and End Dates \_\_\_\_\_

Employee's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First MI MO DAY YR

Address: \_\_\_\_\_  
Street City State Zip

Phone (h): \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name (if living at home): \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Physician (name & phone) \_\_\_\_\_

Insurance Company (name & policy #) \_\_\_\_\_

Yes  No Are you under physician's care or taking medications on a continuing basis? If yes, please explain what for.

Yes  No Do you have a contagious disease? If yes, please describe.

Yes  No Do you have any allergies? If yes, please specify allergies.

What should be done if you come into contact with an allergen? \_\_\_\_\_

Yes  No Do you have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.

Yes  No Do you take medications? If yes, please list.

I hereby authorize the FCPA and/or designated contractor to seek medical treatment for me at the nearest facility in the event medical care is required. In the event non-emergency medical care is required, I authorize the FCPA to seek medical treatment for me from my physician or through any FCPA authorized physician. I understand that I am responsible for medical expenses incurred by me and that FCPA advises that I carry health insurance. I have read the policies for the program and agree to adhere to them. I certify that the above information is complete and correct.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# Fairfax County Park Authority

## Camp Program

### Staff Rules of Conduct



This document is a requirement for camp employment.

#### Staff agrees to:

- ❖ A CPS and Criminal Background Check.
- ❖ Attend mandatory training and planning sessions.
- ❖ Obtain on your own and submit first aid and CPR certifications, before the start of camp.
- ❖ Obtain and submit a TB test result, before the start of camp.
- ❖ Participate fully in the preparation of daily plans, calendars for parents, activity summaries and other communication tools.
- ❖ Make all pre-camp phone calls to parents before each session and a follow-up call during the session
- ❖ Greet parents and children at the beginning of the day and acknowledge them at departure.
- ❖ Conduct oneself professionally at all times with CIT's, campers, parents and co-workers.
- ❖ Be involved and engaged with campers through out the entire camp day.
- ❖ Establish and review rules with campers on a daily basis
- ❖ Conduct/Participate in a practice fire drill and shelter-in-place drill on the first day of each session
- ❖ Get to know campers' names on the first day and be familiar with any allergies, special needs or medications child is taking
- ❖ Never use physical punishment, never restrain or force a child.
- ❖ Be of good character –fostering the Character Counts Program.
- ❖ Never throw or push children into the pool, even if the children want you to.
- ❖ Maintain your own personal care.
- ❖ Respect others in what you say and do.
- ❖ Keep campers' information confidential.
- ❖ Use appropriate language at all times when at work (example: at camp counselor orientation, planning session & during the regular camp day, etc).
- ❖ Explicit language among co-workers in front of or with CIT's, campers and/or parents is strictly prohibited.
- ❖ Take care of your own personal belongings & keep belongings out of children's reach.
- ❖ Use equipment and supplies in a safe and appropriate manner.
- ❖ Teasing and bullying are not tolerated and are grounds for enrollment termination for campers; staff should take immediate action when these behaviors are observed.
- ❖ Never say or do anything that campers might perceive as teasing and/or bullying.
- ❖ Create a safe and fun environment.
- ❖ Notify parents when there are behavior problems & follow the disciplinary procedures as outlined in the Counselor Handbook.
- ❖ Notify parents if their child is injured...this includes broken or lost teeth, bruises, and cuts. Complete necessary accident reports & turn in to your supervisor immediately.
- ❖ Report problems to supervisors concerning campers and staff and use appropriate chain of command.
- ❖ Follow licensing and FCPA standards and policies.
- ❖ Check I.D.'s **everyday** at pick up to ensure children leave with authorized individuals only.
- ❖ Review children's Emergency Forms for allergies, special precautions, etc at the beginning of every session.
- ❖ Alcohol is not permitted on park property at anytime.
- ❖ Never come to work while under the influence of any drugs or alcohol.
- ❖ Never videotape or photograph children or other staff or events associated with FCPA for posting on social media websites such as my space, you tube, etc. Posting a photo or video with association to FCPA Rec-PAC, camps or other programs may result in immediate termination and/or further action.

- ❖ FCPA strongly discourages camp staff from socially interacting with campers and CITs (minors) outside of the workplace.”

The following dress code is enforced to ensure staff consistently presents themselves as professionals and proper role models while fostering a positive self-image. Site management may have additional dress code regulations.

- 1.) FCPA issued camp staff shirt must be worn each day (you will be issued more than one)
- 2.) You may not alter the camp staff shirt
- 3.) You must wear closed-toed shoes; no sandals, no Tevas, no flip flops, etc
- 4.) Shorts may be worn as long as they are below mid-thigh
- 5.) No jeans or jean shorts
- 6.) Hats: no skull caps, no bandanas. Baseball hats are acceptable only if worn with lid facing forward (backwards/sideways not permitted)
- 7.) No Lycra or Spandex clothing
- 8.) For safety reasons, dangling jewelry (hoops, etc) is prohibited
- 9.) Swimsuits for women must be one piece or tankinis
- 10.) Shorts, hats, etc shall not have pictures or words implying or relating to profanity, vulgarity or sexual connotations
- 11.) Staff must come to work clean and neatly groomed
- 12.) Staff must leave their shirt on at all times except during swimming activities.

Failure to come to work properly dressed will result in a dock in pay.

\*\*Cell phones, PDA’s, pagers and other multimedia/interactive devices must be turned off or onto vibrate during work hours (including extended care) unless issued by your supervisor or permission is granted by your supervisor for use of personal devices. No personal phone calls or text messages are permitted during work hours.

Chain of Command:

For all camp issues, from staff issues to camper issues, the Chain of Command is as follows: notify Head Counselor (where applicable), then Camp Director, then Land Programmer, then Assistant Site manager (where applicable), then Site manager, then Youth Services Program Specialist.

These policies can be found at this website. Please review and then initial below:

<http://www.fairfaxcounty.gov/parks/employment/policystatements.htm>

- ❖ I have read & understand the County’s policy on Sexual Harassment, Diversity, Workplace Violence, Standards of Conduct/Code of Ethics, and Mandated Reporting of Abuse/Neglect - \_\_\_\_\_

**Grounds for Immediate Dismissal:**

- FCPA reserves the right to terminate employment, at any time, if an employee is not complying with the Rules of Conduct or other FCPA policies.

I have read and understand the rules of conduct and agree to uphold them to maintain a safe and enjoyable camp experience for everyone.

Employee’s Name (please print)\_\_\_\_\_

Signature of Employee\_\_\_\_\_Date\_\_\_\_\_

Fairfax County Park Authority  
Employee's Tuberculin Test Record



A negative TB Test is required for employment. Please have your physician complete this document before beginning work. Submit to your supervisor. TB Tests are good for two years.

Employee's Name: \_\_\_\_\_

Date Hired: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Site: \_\_\_\_\_

Date of Tuberculin Skin Test (TST): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Results of Tuberculin Skin Test (TST): \_\_\_\_\_

Or

Date of Chest X-Ray: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Results of X-Ray: \_\_\_\_\_

Date of Last Physical: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ appears to be free of communicable disease and infectious TB.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Anyone who develops symptoms compatible with active tuberculosis or who tests positive on a skin test, must submit a signed statement, by a physician, indicating that all needed follow-up for the incident has been completed and that the individual is free of tuberculosis in a communicable form.