

RUTHERFORD COUNTY SHERIFF'S OFFICE
OPERATION INTEGRITY
PRE-PROGRAM PARENT QUESTIONNAIRE

PARENT NAME: _____ TELEPHONE: _____

PARENT CELL _____ PARENT WORK _____

ADDRESS _____

PARENT EMAIL: _____

CHILD NAME: _____ D.O.B: _____ AGE: _____

WEIGHT: _____ HEIGHT: _____ FEMALE: ___ MALE: ___

CHILD'S SCHOOL _____

1. **Medical/mental information: Does your child have any of the following:**
(Mark all that apply)

Asthma	Yes ___	No ___
Heart condition	Yes ___	No ___
High Blood Pressure	Yes ___	No ___
Seizures	Yes ___	No ___
Allergies	Yes ___	No ___
Mental Handicap	Yes ___	No ___

Other Medical or Mental Conditions (please list): _____

Please list all medications:

2. **Has your child ever shown violence towards peers or adults?**

Yes ___ No ___ If yes, please

explain _____

3. **Has your child ever been arrested?**

Yes ___ No ___ If yes, what were the charges/petitions you took out?

4. **Does your child smoke cigarettes?**

Yes ___ NO ___

OPERATION INTEGRITY

PARENT OR GUARDIAN RELEASE/AGREEMENT

For and in consideration of receiving instruction and counseling, as well as, the opportunity to participate in Rutherford County Sheriff's Office on the _____ Day of _____, 2011 to the understanding,

I, _____, (hereinafter referred to as Releaser), as a legal guardian or parent, do hereby give my consent for _____ to attend the above

mentioned Operation Integrity program and for my personal representatives, heirs, and next of kin, release, waive, discharge and covenant to hold harmless Robert F. Arnold, as Sheriff of Rutherford County, Tennessee, individually or in his official capacity, and all his Deputy Sheriff's, employees, appointees and agents and the County of Rutherford, Tennessee and Juvenile Court or the County of Rutherford and Youth Services of the County of Rutherford, Tennessee (hereinafter referred to as Releasees) from liability to the Releaser, their personal representatives, assigns, heirs, and next of kin for all loss damage, and any claim or damage therefore, on account of physical or mental injury to the person or property or resulting death of the Releaser, whether caused by the negligence of release or otherwise, while the Releaser is participating in the Operation Integrity Program.

Releaser agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost Releasees may incur due to the presence of Releaser in or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in the Operation Integrity Program or any activities in connection with the Operation Integrity Program whether by negligence or not.

Releaser further states that he/she has carefully read the release and knows the contents of the release and signs this release as his/her own free act. _____

Initial

Releaser further releases Releasees from any claim whatsoever on account of first aid, treatment or service rendered to Releasers child during participation in Operation Integrity. _____

Initial

This release together with hereto incorporated attachments A through F constitute the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

WITNESS my signature this the _____ day of _____, 2011

Witness

Legal Guardian, parent

**STATE OF TENNESSEE
COUNTY OF RUTHERFORD**

**On this the _____ day of _____, 2011 before me
personally appeared _____, to me
known to be the person who executed the same as his/her free act and
deed.**

**NOTARY PUBLIC
STATE OF TENNESSEE**

My Commission Expires: _____

*****NOTARY PAGE PARENT/GUARDIAN RELEASE AGREEMENT*****

OPERATION INTEGRITY
DEFENDANT RELEASE/AGREEMENT

BY MY SIGNATURE BELOW, I AFFIRM, AS DO MY PARENT(S)/GUARDIAN(S), UNDER A SEAL OF A NOTARY PUBLIC, THAT I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS AND RESPONSIBILITIES ASSOCIATED WITH MY PARTICIPATION IN OPERATION INTEGRITY:

- 1. Defendant's behavior must be compatible with Operation Integrity's purpose of promoting law-abiding behavior. Defendant agrees to be respectful to all participants.**
- 2. Defendant agrees to abide by the following rules:**
 - a. No smoking during Operation Integrity**
 - b. No profanity during Operation Integrity activities**
 - c. Appropriate attire: to be determined by staff members, any and all gang related clothing will be confiscated by drill instructors**
- 3. Defendant will be held accountable for his /her own actions.**
- 4. Defendant realizes that participation in Operation Integrity is a privilege and that his/her right to participate in any and all officiated or sponsored programs may be revoked at the sole discretion of the Judge and/or Coordinator for violation of philosophy or rules of the Operation Integrity Program.**
- 5. It is further agreed that the undersigned do each hereby compromise and forever release, acquit, discharge, indemnify, and covenant to hold harmless the Rutherford County Program Director, Rutherford County Sheriff's Department, The County of Rutherford, City of Murfreesboro, Juvenile Court, Youth Services, each of their respective officers, directors, agents, employees from any and all causes of action, claims, liability demands, damages, costs, loss of service, medical expense and compensations on account of or in any way growing out of any and all known or unknown personal injuries, property damage, or any other type of damages, which the undersigned may hereinafter have, individually and/or as parent, or custodian of said minor, resulting or growing out of the participation of the defendant in the Operation Integrity program. Additionally, the undersigned parties agree that the foregoing covenants, agreements, waivers and releases shall also be applicable to participation by the Defendant in any and all programs sponsored by Operation Integrity or sponsors by another affiliated agency, government entity, law enforcement department including the Rutherford County Sheriff's Office Operation Integrity.**

Parent/Guardian

Defendant (preferred, not required)

SWORN TO and SUBSCRIBED
Before me This the ____ day of
_____, 2011

SWORN TO and SUBSCRIBED
Before me This the ____ day of
_____, 2011

Notary Public

Notary Public

*****NOTARY PAGE / DEFENDANT RELEASE AGREEMENT*****

OPERATION INTEGRITY

Acknowledge and Awareness Form

You are enrolling your child into a reality based, behavior, and drug and alcohol prevention program called Operation Integrity. This program is designed to inform each enrolled teen about the possibilities of incarceration, accidents, overdose, addiction and/or death brought on by their decisions when dealing with any type of risky behavior. We believe that each teen must decide how he/she will live their lives. The following is a list of possible things that your child may be exposed to throughout the course of the day. Some of the day may be intense, strict and involve strong content.

Please *initial* next to each of the following items to acknowledge awareness of what the day may bring to your child.

Drug screen through urine test in the presence of same sex staff

Physical exertion and/or strenuous physical labor

Wearing of jail issued uniforms

Transportation in Sheriff's Department vehicles

Visitation of an adult incarceration facility

While visiting an adult incarceration facility, your child may be exposed to explicit language

While visiting an adult incarceration facility, your child may be exposed indirectly to adult inmates

While visiting an adult incarceration facility, your child will be served one meal.

While visiting an adult incarceration facility, your child will be handcuffed and shackled during one portion of the visit.

Classroom education on, but not limited to the following: anger management, alcohol and drug education, goals, morals and ethics, self responsibility and self-esteem.

Parent Signature

Date

OPERATION INTEGRITY

RANDOM DRUG SCREENING ACKNOWLEDGEMENT

**By participating in Operation Integrity you agree for your child to have random drug testing by same sex employees. Your camp will begin on _____
And end with the final counseling session on _____;
Therefore you will be subjected to random drug screens through_____.**

By signing below you agree to the above terms of participating with the program.

Parent/Guardian

Date

MEDICAL AUTHORIZATION & LIABILITY RELEASE

Part 1: Personal & Medical Information (Please Print All Information)

Minor's Personal Information

Name: (last) _____ (first) _____ (middle) _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Gender: _____ D.O.B.: _____

Minor's Health Insurance Information

Insurance Company: _____

Policy Number: _____ Group Number: _____

In Case of Emergency: (please notify one of the following)

(1) Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell: _____

(2) Name: _____ Relationship to Minor: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Minor's Medical Information

Names, dosages, and purpose of medications being taken:

Medication Allergies:

Special Considerations (i.e., medical conditions, dietary needs/restrictions)

Minor's Doctor: (Name) _____ (Phone) _____

PART 2: AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned *guardian* of the *minor*, do hereby grant the Rutherford County Sheriff's Department on behalf of the *minor's* participation in Operation Integrity sponsored by the Youth Intervention Division and for which I grant my prior approval. I intend the following authorization and release to constitute my prior approval for all Operation Integrity events held at the Rutherford County sheriff's Department, Rutherford County Schools, Middle Tennessee Medical Center, and any cemetery within Rutherford County.

I authorize Rutherford County Sheriff's Department to administer general first aid treatment for any minor injuries of illness experienced by the *minor* in any of the aforementioned events. If the injury or illness is life threatening or in need of emergency treatment I authorize the Rutherford County Sheriff's Department to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Rutherford County Sheriff's Department in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I agree to release and hold harmless the Rutherford County Sheriff's Department from any and all claims, suits, costs, and actions of any kind whatsoever arising from their exercise or the power granted by this authorization.

Signature: Date: _____

ATTN: PHYSICIAN – YOU MAY USE THIS FORM OR YOUR OWN FORM.

**OPERATION INTEGRITY PRE-PARTICIPATION MEDICAL
EVALUATION FORM**

General Physical Examination

Examiner: _____

Height: _____ **Weight:** _____ **BP:** ____/____ **Pulse:** _____

Vision: R 20/____ L 20/____ **Corrected?** ____ **Yes** ____ **no** Pupils

	<u>Normal</u>	<u>Abnormal Findings</u>
Ears, nose, throat	_____	_____
Heart	_____	_____
Chest/lungs	_____	_____
Skin/Lymphatic	_____	_____
Abdominals	_____	_____
Genitalia/Hernia	_____	_____

Musculoskeletal Examination

Examiner: _____

	<u>Normal</u>	<u>Abnormal Findings</u>
Neck/Back	_____	_____
Upper Extremities	_____	_____
Lower Extremities	_____	_____
Flexibility	_____	_____

Official Recommendation:

- A. This child may may not participate in physical agilities on the data gathered from this exam.
- B. Prior to participation, treatment or follow up on the following is recommended:

Signature of Physician: _____ **Date:** _____

Personal History

Name: _____ Sex: _____ Age: _____
D.O.B.: _____

Grade: _____ School: _____

Personal Physician:

Address: _____ Phone: _____

Please explain all "yes answers" below.

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently taking medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever passed out during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you tire more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever had a racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died of heart problems or a sudden death before the age of 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any skin problems (itching, rashes, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been knocked out or unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |

16. Have you ever had a head injury?
17. Have you ever been dizzy or passed out in the heat?
18. Do you have trouble breathing or do you cough during or after activities?
19. Do you use any special equipment? (braces, pads, neck role, mouth guard, etc.)?
20. Have you had any problems with your eyes or vision?
21. Do you wear glasses or contacts or protective eye wear?
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling of any bones or joints? (circle all that apply)
 Head Shoulder Thigh Neck Elbow Knee Chest Forearm
 Shin/calf Back Wrist Ankle Hip Hand Foot
23. Have you ever had any other medical problem?
 (infectious mononucleosis, diabetes)
24. Have you had a medical problem since your last evaluation?
25. When was your last tetanus shot? _____
26. When was your last measles shot? _____
27. When was your first menstrual period? _____
28. When was your last menstrual period? _____
29. What was the longest time between your periods last year? _____

Explain any "yes" answers here:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

 Signature of parent/guardian

 Date

