

West Palm Beach Alumnae Chapter

Delta Sigma Theta Sorority, Inc.

EMBODI Youth Program



Empowering Males to Build Opportunities for Developing Independence

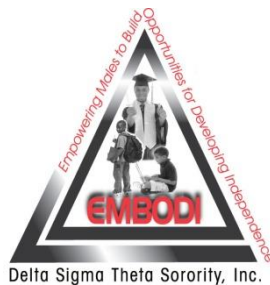
Helping our young men to become responsible young adults



A program for African American Males ages 12-18



West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



Dear prospective EMBODI participant and parent,

The West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is preparing for the eighth year for our EMBODI youth program. We pride ourselves on 'public service' with our youth. In this community we fervently believe in the African proverb "It take a village to raise a child." We invite your son to apply for participation in this program. We also want to impress the importance of parental involvement and encourage parents to also participate. We are excited and eager to sponsor this program for young men ages 12-18. Many empowering, interactive, and exciting activities have been planned for this year. We meet once month at Palm Beach Lakes High School.

Please make sure all portions of the application are completed and return to the mailing address listed below or bring to any EMBODI meeting which are held at Palm Beach Lakes High School at 6:30 p.m. A detailed calendar with meeting dates will be distributed at our first meeting which will be held on **TUESDAY, NOVEMBER 12, 2019**. If you have questions and/or concerns, you may e-mail the chairperson at embodichair@wpbdst.org.

**West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
P.O. Box 2212
West Palm Beach, FL 33402
Attn: Tonya Graham, EMBODI Chairperson**

We look forward to working with your son and are elated to welcome you as a member of our 'village' for positive empowerment of our young African American males.

Sincerely,

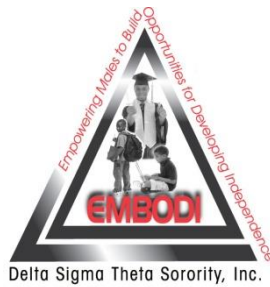
Sharon Wood

Sharon Wood, President
West Palm Beach Alumnae Chapter

Tonya Graham

Tonya Graham, Chairperson
EMBODI Youth Program

West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.



EMBODI OVERVIEW

EMBODI (Empowering Males to Build Opportunities for Developing Independence) is a National initiative under the Educational Development Thrust of Delta Sigma Theta Sorority, Inc. The program is designed to refocus Delta's efforts to strengthen their outreach youth programs and to collaborate with other organizations to address the plight of African American males. The program provides an opportunity for the youth to begin a pattern of positive change that will influence their thoughts and actions. The EMBODI program advocates for the respect of others, property, time and fairness.

EMBODI: CURRICULUM FRAMEWORK

The curriculum will focus on Academic Enrichment, Personal Development and Wellness, Career Development, Cultural Development and Family Involvement. The curriculum incorporates activities and guidelines for all of the components. Conflict resolution and social skills activities assist the participants in resolving their problems appropriately and improving their overall quality of life. Families are encouraged to participate in bonding activities. Career preparation and exploration will be conducted, and the cultural and recreational enrichment component will be implemented through interaction, team and individual gatherings, group sharing and cultural immersion.

EMBODI will focus on addressing the three levels of risk factors. The risk factor levels of development are as follows; individual level, family level and the community level. The suggested strategies to be utilized are multi-directional and resiliency focused. In developing the EMBODI program, chapters will seek to achieve the following goals:

EMBODI will focus on learning experiences for improved academic performance through self-efficacy and experiential learning.

EMBODI will provide access and application of diverse learning opportunities through cultural and community support.

EMBODI will reduce negative responses to conflict through restorative justice and resolutions.

EMBODI will participate in community service activities through outreach.

EMBODI will create opportunities to develop a higher level of self-confidence and resiliency.

EMBODI will provide activities to increase community involvement, family bonding and interaction.

EMBODI will seek to provide recreational activities that will develop positive social skills and improved teamwork effort.

EMBODI will provide opportunities for cohesion for by involvement of families in structured activities in safe community environments.

EMBODI will provide opportunities for interaction with community professionals and positive male role.

EMBODI will provide career exposure.

QUICK REFERENCE - SIGNATURES REQUIRED

- **Page 6 – Application**
- **Page 7 – Parental Affirmation; Waiver and Release**
- **Page 8 – Emergency Medical Treatment**
- **Page 9 – Non-Prescription Medication Permit**
- **Page 11 – Emergency Contact Information**
- **Page 11 – Medication Authorization Form**
- **Page 11 – Physician Signature Required**
- **Page 12 - Parental Permission Form Administration of Prescription Medication**

West Palm Beach Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

EMBODI APPLICATION



Name _____ Grade _____ Age _____

Home Address _____

School _____

Home phone _____ Cellular Phone _____

E-Mail _____

Parent/Guardian _____

Clubs/Organizations _____

Hobbies/Interests _____

Future Goal _____

Race (Please check) African American/Black _____ Asian _____ Caucasian/White _____

Hispanic _____ Native American _____

If you have the opportunity to select an issue/s that you would like to have an open discussion about what issue/s would you select? _____

Are you involved in any extracurricular or sports activities? Yes _____ No _____

If yes, when will you be available to participate in the monthly EMBODI activities? _____ (approximate date) *The monthly EMBODI meetings are held the 2nd Tuesday in each month.

What do you hope to gain from the EMBODI program? _____

Participant's Signature

Parent/Guardian Signature

PARENTAL/GUARDIAN AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, (Participant Minor Child) in the EMBODI youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child’s participation in the EMBODI Program.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

Parent/Guardian Signature

Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Minor: _____

Date of Birth _____ Age _____

Address: _____

City/State/Zip Code _____

Parent/Guardian Home Phone _____

Cell Phone _____ E-mail Address _____

Minor's Gender _____ Height _____ Weight _____

HEALTH INFORMATION

Below please check any current health condition that may require attention during the **EMBODI** Program. Also, complete and submit the Medication Authorization Form if your child has health conditions that require medication during the **EMBODI** Program.

Allergies/Sensitivities (be specific)

Foods _____

Medicines _____

Bee sting or insect bite _____

Other _____

Asthma Inhaler required at Program

Vision Problems Glasses Contacts

Hearing Problems Hearing Aid(s) ADD/ADHD

Other _____

List all medications and dosages your child receives on a continual basis: _____

NON-PRESCRIPTION MEDICATION PERMIT

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

- ___ **For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children’s liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.

- ___ **For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.

- ___ **For nasal congestion/sinus pressure:** Decongestant

- ___ **For sore throat:** Throat lozenges (e.g., Cepacol lozenges)

- ___ **For coughs:** Cough drops/lozenges or cough suppressant.

- ___ **For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)

- ___ **For sun protection:** Sunscreen lotion SPF 30.

- ___ **I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian Signature _____ Date _____

PHYSICIAN & INSURANCE INFORMATION

Name of Child’s Physician _____ Phone _____

Health Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder’s Employer _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Parent/Guardian #2

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses Incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian Signature _____ Date _____

MEDICATION AUTHORIZATION FORM

(To be filled out by the physician dispensing the medication)

Name of Minor _____ Birth date _____

Medication _____

Dosage _____

Time of administration _____

Reason for medication _____

Route of administration _____

Possible side effects and significant information _____

Physician's signature _____

Physician's telephone number _____



PARENTAL PERMISSION FORM ADMINISTRATION OF PRESCRIPTION MEDICATION

I/We hereby give permission for _____ to take _____ at the **EMBODI** youth initiatives program as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to _____ at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish this medication and any authorized refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, the **EMBODI** youth initiatives program, its agents, and/or any employee who administers any drug to my/our child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. The **EMBODI** youth initiatives program reserves the right to refrain from administering medication if in the judgment of the **EMBODI** youth initiatives program, or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

I/We understand that the medication must be brought to the **EMBODI** youth initiatives program by me/us in the original appropriately labeled container. If I/we cannot bring the medication to the **EMBODI** youth initiatives program, I/we will call the **EMBODI** youth initiatives program to inform them that my/our child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature _____ Date _____

MEDICATION ADMINISTRATION PROCEDURES

Prescription Medication

1. We require the Medication Authorization Form to be completed by the **prescribing physician and the parent**. For each prescription medication ordered, the physician must provide the following information: (1) the student's name, (2) the medication, (3) the dosage, (4) the time of administration, (5) the reason for administration, (6) the route of administration, (7) the possible side effects, and (8) any other significant information.
The form must then be signed and dated by the prescribing physician. Signed parental consent is also required for each medication. This consent releases Delta, the **EMBODI** youth initiatives program, and their officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns from liability if the medication causes adverse reactions. The Medication Authorization Form is updated annually.
2. The original prescription container must accompany all medication to be given at the **EMBODI** youth initiatives program. Medications should be brought to the **EMBODI** youth initiatives program by the parent or responsible adult and taken to **EMBODI committee chair(s)**. The original prescription container should be labeled with the following information: name of student, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, and expiration date.
3. If possible, the parent should provide _____ days' worth of the medication if it is to be given every day. It is the parent's responsibility to provide adequate refills on a timely basis.
4. All medication is kept in a locked cabinet or locked container at all times. If not retrieved by a parent or responsible adult, all medication will be destroyed one week after the expiration date or at the end of the term for the **EMBODI** youth initiatives program.
5. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

Over-the-Counter Medication

1. Written parental consent for the administration of over-the-counter medication is obtained through the emergency forms.¹
2. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

CONFIDENTIALITY POLICY

It is the policy of the West Palm Beach Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, the West Palm Beach Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its **EMBODI** program and to better serve the needs of the youth participants, the West Palm Beach Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of the West Palm Beach Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of the West Palm Beach Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability. There shall be no liability to Delta, the West Palm Beach Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.