2019 Putnam County 4-H Camp Registration
All Boys & Girls completing the 3rd -- 8th grade
4-H Camp: July 14th - July 18th

To Register for 4-H Camp, please return the following by July 5, 2019

- Payment AND Registration Form
- Registration will be accepted after July 6, 2018 but there will be a $15.00 late fee added onto the camp fee.

NAME __________________________ PHONE __________________________

ADDRESS __________________________ street __________________________

                     ________                      ________
city  zip

AGE (as of current year) ________ SCHOOL GRADE (completed) ________

Boy ________  Girl ________

4-H CLUB __________________________

Name of one camper you would like in your cabin: __________________________

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PLEASE CHECK THOSE THAT APPLY:

_______ I am enrolled in Putnam County 4-H and I am enclosing $180 for the full camp registration fee for July 14th - 18th.

_______ I am a resident of Putnam County and NOT enrolled in the Putnam County 4-H Program and I am enclosing $195 for the full camp registration fee for July 14th - 18th.

_______ I was selected to receive a partial scholarship, (4-H Members Only) therefore I am enclosing balance due.

_______ HIGH ROPES COURSE: I would like to register to participate in the High Ropes Course, therefore I am enclosing an additional $20. (applicants must have completed the 4th grade/ we will accept the first 14 applicants)

_______ Shooting Sport Course: I would like to register to participate in the Shooting Sport Course, therefore I am enclosing an additional $20. (we will accept the first 12 applicants)

_______ I am adding a $5.00 donation to help with the construction of a new pool for camp.

MAKE CHECKS PAYABLE TO: OSU EXTENSION, PUTNAM COUNTY

PARENT/GUARDIAN SIGNATURE REQUIRED ON BACK OF FORM

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Return Registration by July 5, 2019 to: OSU EXTENSION, Putnam County
PO Box 189, Ottawa, OH 45875
419-523-6294 (over)

Use One Form Per Camper

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

putnam.osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: osu.edu/cfaes/odnr/campusdiversity.
For Parents:

**CAMP RELEASE FORM**

The 4-H Camp Palmer policy states that we must check every camper out of camp to ensure your child/children is/are going home with the appropriate person. Please complete the information below to inform us of who will be picking up your child/children from camp. If changes occur, you must notify us as soon as possible either at the Extension Office or at 4-H Camp Palmer. We will not release your child to anyone other than the person listed below unless notified of change. This person will be expected to sign a form when picking up your child at camp. Please list your name on the line even if you, the parent/guardian, are picking up your son/daughter.

The following person(s) is ______________________ hereby authorize to pick up the child/children listed below.  (name of person(s) picking up Child/Children)

Name of child or children to be pick up:

________________________________________

________________________________________

Parent/Guardian Signature__________________________

Date:__________________________

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**Needed For 2019:**

**PICTURE:**  All campers must include a current picture of themselves attached to their medical form.

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Putnam County Extension/2019
Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

Participant/Member Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td>(Street)</td>
<td>(City)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
<td>County:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
<td>Male/ Female</td>
</tr>
</tbody>
</table>

Emergency Contact Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Parent/Guardian Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Contact/Relationship:</td>
<td>Other Cell Phone:</td>
</tr>
<tr>
<td>Other Contact/Relationship:</td>
<td>Other Cell Phone:</td>
</tr>
<tr>
<td>Physician:</td>
<td>Physician Phone:</td>
</tr>
<tr>
<td>Dentist:</td>
<td>Dentist Phone:</td>
</tr>
</tbody>
</table>

Health History:

Communicable Diseases:
Provide the date (approximate is acceptable) at which participant has had or was exposed to:

- Chicken Pox
- Measles
- Whooping Cough
- Tuberculosis
- Mumps
- Other Communicable Diseases

Immunization/Vaccine Record:

☐ To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of last booster: ____________

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.
Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment): (please list additional medications or needs on a separate sheet)

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Frequency/Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Check below if the participant is subject to any of the following conditions:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Asthma Controlled? yes/no</td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
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<tr>
<td>Cramps</td>
<td></td>
</tr>
<tr>
<td>Fainting</td>
<td></td>
</tr>
<tr>
<td>Heart Trouble</td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
</tr>
<tr>
<td>Athlete's Foot</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Frequent Colds</td>
<td></td>
</tr>
<tr>
<td>Home Sickness</td>
<td></td>
</tr>
<tr>
<td>Sinusitis</td>
<td></td>
</tr>
<tr>
<td>Other?</td>
<td></td>
</tr>
<tr>
<td>Bed Wetting</td>
<td></td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
</tr>
<tr>
<td>Ear Infections</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
</tr>
<tr>
<td>Kidney Trouble</td>
<td></td>
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<tr>
<td>Sleep Walking</td>
<td></td>
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</tbody>
</table>

Allergies: If none, please write NONE here: ____________________________________________

Food allergies: ________________________________________________________________

Medication allergies: ____________________________________________________________

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? __________________

Serious bee or insect sting reactions: What is the prescribed treatment? ________________

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).

☐ I have dietary restrictions (describe below).

☐ I have limited mobility (e.g. crutches, cane, etc.).

☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).

☐ I require the use of medical equipment that needs electricity (describe below).

☐ I require other accommodations not listed above (describe below).

☐ I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: ____________________________________________

Description of any camp activities from which my child should be exempted for health reasons: ____________________________________________
Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

| □ Acetaminophen (ex: Tylenol) | □ Antibiotic Ointment (ex: Neosporin) | □ Dramamine | □ Poison Ivy Medicine (ex: Calamine Lotion) |
| □ Aloe Lotion | □ Cough Syrup/Drops | □ Ibuprofen (ex: Advil, Motrin) | □ Sore Throat Medicine |
| □ Antacids (ex: Maalox, Tums) | □ Decongestant (ex: Sudafed) | □ Insect Repellent | □ Sun Screen |
| □ Antihistamine (ex: Benadryl, Claritin) | □ Diarrhea Medication (ex: Imodium) | □ Laxative (ex: Milk of Magnesia) | □ Swimmer's Ear Medicine |
| □ Antiseptics | | | |

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, __________________________ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child’s participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.
In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: __________________________________________
_____________________________________________________________________________________

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, ________________________, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

________________________________________  _______________________________  _____________
Parent/Guardian Printed Name             Parent/Guardian Signature           Date

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: http://go.osu.edu/cfaes.diversity.

{00255577-2} Bloir, K., Epley, H.K. Updated
8/2016
Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of ____________________________, state that my child would like to participate in the 4-H Camp, ____________________________, and has not received the following immunizations:

( ) Diphtheria / Tetanus / Pertussis  ( ) Hepatitis B
( ) Polio  ( ) Haemophilus Influenza Type B
( ) Measles/Mumps/Rubella  ( ) Varicella (Chicken Pox)

My child has not received the immunizations above because: ____________________________

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: ____________________________
Parent / Guardian Signature: ____________________________
Date: ____________________________
Minimum Standards of Behavior for Minor Participants
Participating in Overnight Camps sponsored by The Ohio State University

Minors participating in overnight camps sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific camp.

Minor participation expectations:
- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
- Support and abide by the group's designated leader
- Practice good citizenship, leadership and self-control
- Follow the direction of camp staff
- Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
- Show respect to others, be courteous and respectful
- Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University overnight camps:
- Unsportsmanlike conduct, unethical, immoral conduct
- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
- Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
- Boys in girls rooms/restrooms and vice versa
- Destruction of property
- Violation of established curfew
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting others down and being disrespectful of individuals differences
- Aggressive physical behavior, e.g., fighting
- Taking property that belongs to others
- Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State staff

Violations of the standards of behavior will be handled as follows:
1. The adult chaperone for the minor involved in the violation will be made aware of the violation
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the event.
3. The minor can/may be barred from participating in future Ohio State overnight camp programs
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, ________________________________, as a participant at overnight camp ________________________________, have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

_____________________________ (name of minor, print)  _______________ (name of camp, print)

Minor signature Date

I, ________________________________, have read the camp standards of behavior and support my minor's participation in the camp.

_____________________________ (parent/guardian, print)

Parent/guardian signature Date

The Ohio State University Office of Human Resources
Minimum standards of behavior for minors participating in overnight camps sponsored by The Ohio State University