Horseless Horse Two-Day Camp

Saturday & Sunday, May 5-6 from 9 a.m. to 3:30 p.m.
for 4-H Cloverbuds and youth ages 5-8
at the Shelby County Fairgrounds

Join our awesome 4-H teen leaders as they explore the science and excitement behind everyone's favorite animal, the HORSE! Activities will include getting up close and personal with some furry friends, a scavenger hunt around the fairgrounds, water games, horse shoe crafts, homemade horse treats, stick horse races and more. This Cloverbud camp will be PERFECT for the young horse-lover or a sibling of a 4-H youth participating in the concurrent 4-H clinic.

Fee: $30.00

Includes lunch and snacks both days and a t-shirt

2018 SHELBY CO. CLOVERBUD DAY CAMP REGISTRATION FORM

Registration due to office no later than FRIDAY, April 28th. Checks payable to *OSU Extension.*
**Please note: Maximum number of campers we are able to register is 30. We will register youth on a first-come, first-serve basis with currently enrolled Cloverbuds given first priority.*

Camper Name: ____

Age on May 5, 2018: ______________________ **Gender:** ______________________

Grade Completed as of Summer 2018: ____________ **T-shirt size (youth):** XS | SM | MD | LG | XL

Street Address: ____

City: ______________________________________ **Zip:** ________

Email: ____

Parent/Guardian Name 1: ________________________ **Phone:** ________________

Parent/Guardian Name 2: ________________________ **Phone:** ________________

Does child have any experience around horses? ______________________________

If child has a sibling registered for the concurrent clinic, please provide name: ________________

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

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.

REQUIRED! Attach Picture (for I.D. purposes only)

Participant/Member Information:

Name: ______ (Last) (First) (Middle)		
Address: ______ (Street) (City) (State) (Zip)		
Home Phone:	County:	
Date of Birth:	Male/ Female	Age (today):

Emergency Contact Information:

Parent/Guardian Name:	Parent/Guardian Cell Phone:
Other Contact/Relationship:	Other Cell Phone:
Other Contact/Relationship:	Other Cell Phone:
Physician:	Physician Phone:
Dentist:	Dentist Phone:

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)

Name of Medication:	Dosage:	Frequency/Instructions:

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

ohio4h.org

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

Last Name________________ First____________

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

☐ Asthma Controlled? yes/no	☐ Bronchitis	☐ Cramps	☐ Fainting	☐ Heart Trouble	☐ Seizures	☐ Sore Throat
☐ Athlete's Foot	☐ Constipation	☐ Diarrhea	☐ Frequent Colds	☐ Home Sickness	☐ Sinusitis	☐ Other? ____________
☐ Bed Wetting	☐ Convulsions	☐ Ear Infections	☐ Headaches	☐ Kidney Trouble	☐ Sleep Walking	

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			

Last Name________________ First____________

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.

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
( ) Polio
( ) Measles/Mumps/Rubella
( ) Hepatitis B
( ) Haemophilus Influenza Type B
( ) 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: ____

4-H Member Restricted Release/Optional Early Release

Complete this form to confirm arrangements and/or authorize another person to pick up a 4-H youth member. Supervision at 4-H Events where 4-H Professionals and Authorized Volunteers take responsibility for 4-H youth members in the absence of the parents/guardian is of highest importance. Full time participation is required at 4-H events unless prior permission is granted by the County 4-H Professional.

I, ____________________________, herby authorize only the person(s) listed below to pick up
(name parent/guardian)

______________________________________ from ___________________________________.
(4-H youth member name) (name of event)

Name of person(s) authorized to pick up my child:

1. __________________________________ Phone ________________________

2. __________________________________ Phone ________________________

If the youth is granted permission to leave the event early, complete these details:

- ☐ Pick up time date/time ____
- ☐ Return date/time ____
- ☐ Will not return to event

If a change is needed to this authorization, I understand that I must call:

____ at ________________________________
(name of 4-H Professional/Volunteer in charge of event) (phone)

____ ______________________________
Signed (parent or guardian) (date)

Before release of the youth member the person(s) listed above must be identified by the youth member to the 4-H Professional/Volunteer in charge and sign below.

Signature of person picking up member ____

____
(date/time)