Cloverbud 4-H Camp Registration Form

Camper Name ________________________________________________________________

Home Address _______________________________________________________________________

Gender _______ Date of Birth______________ Grade in School__________ Age__________

Home Phone________________________ Work phone____________________ Cell Phone_________________

Camp Fees: $30 due May 13 for one day of camp
Please circle one: May 29 or May 30

$50 due May 13 for two days of camp
Your camper will attend both days of Cloverbud Camp May 29 and May 30

Late registration will be accepted May 14-20 with NO camp t-shirt.

Camp t-shirt - Please circle a size: Youth S M L XL Adult S M L XL

Total Enclosed ______

Make check(s) payable to the “Clinton County 4-H Committee”.
Registration will be accepted until May 13.
Only complete registrations will be accepted.
Camp Group Photo – Included in camp registration
No multiple camper discounts are available.
Camp scholarship forms are due May 13.

Return the registration & health form by May 13 to: OSU Extension, 111 S. Nelson Avenue, Suite 2, Wilmington, OH 45177, (937) 382-0901. Only complete registrations (all forms, fee & signatures) will be accepted. Scholarship request forms are available at the Extension Office or online at clinton.osu.edu.

Each day has a different theme. May 29, Finding Nemo & May 30, Toy Story. You may register your Cloverbud for one or two days of camp. Campers will receive one shirt if camping one or two days. All snacks, lunch, photo and activity supplies are included in the fee.

CAMP REGISTRATION CHECKLIST

☐ Ohio 4-H Health Form
☐ 4-H Registration Form
☐ Did you select a camp date(s)?
☐ Photo Release
☐ Did you provide a t-shirt size?
☐ Camp Fee $30 or $50
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>(Street)</td>
<td>(City)</td>
<td>(State)</td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td>Male/ Female</td>
<td>Age (today):</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:

<table>
<thead>
<tr>
<th>Chicken Pox</th>
<th>Measles</th>
<th>Whooping Cough</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
<td>Mumps</td>
<td>Other Communicable Diseases</td>
</tr>
</tbody>
</table>

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>
</table>
**Check below if the participant is subject to any of the following conditions:**

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Bronchitis</th>
<th>Cramps</th>
<th>Fainting</th>
<th>Heart Trouble</th>
<th>Seizures</th>
<th>Sore Throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled? yes/no</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Athlete’s Foot</th>
<th>Constipation</th>
<th>Diarrhea</th>
<th>Frequent Colds</th>
<th>Home Sickness</th>
<th>Sinusitis</th>
<th>Other?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bed Wetting</th>
<th>Convulsions</th>
<th>Ear Infections</th>
<th>Headaches</th>
<th>Kidney Trouble</th>
<th>Sleep Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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:**

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