



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

Ohio State University Extension
Wayne County

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June 4, 2018

Dear Cloverbud Camper and Parents,

Enclosed you will find a health form and a restricted release form. Please bring the forms fully completed on June 12, 2018 to Cloverbud Camp registration. Registration will take place in the South Lobby of the Fisher Auditorium (this is the side entrance closest to the parking lot).

Registration and Check-in is from 8:45-9:00 am each day in the South Lobby of Fisher Auditorium. We ask that you arrive no earlier than 8:45 a.m. After each fun-filled morning, Cloverbuds can be picked up and signed-out at noon also in the south lobby. It is required that each Cloverbud is signed out each day only by the person(s) identified on the restricted release form.

Parents: Your Cloverbuds will be involved in many different activities throughout their time at Cloverbud Day Camp. From making crafts to enjoying interesting games and snacks, they will be discovering the creative environment around them with all of their senses. Please dress them appropriately; it is possible for your child to get wet and dirty during some activities. We recommend that sunscreen be applied before camp each day.

If you have any questions prior to Cloverbud Camp, feel free to call the Extension Office 330-264-8722. We look forward to seeing you on June 12th, 13th and 14th!

Also, something new this year – OSU/ATI staff recently reached out to us and would like to offer a special opportunity for up to 35 Cloverbud Campers that are ages 6-8 to participate in an ATI Kids Camp. Please see the enclosed flyer for more information. ***If your Cloverbud is going to participate in the ATI Kids Camp – please mark on your restricted release form that your child is “participating in ATI Kids Camp” so we can release them to the ATI staff.***

Sincerely,

Douglas S. Foxx
Extension Educator,
4-H Youth Development

Wayne County 4-H
Cloverbud Day Camp
Restricted Release Form

4-H Restricted Release Form

I, _____, hereby authorize only the person(s) listed below to pick up
Name _____

_____ during the Cloverbud Camp – June 12-14, 2018
Child/Children Name(s) _____ Name of Event _____

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

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

If my pickup plans change, I understand that I must call _____ 330-264-8722
Phone Number

In order to make different arrangements by _____ 11:30 a.m. on _____ June 12-14, 2016
Time _____ Date _____

Signed (parent or guardian) _____ Date _____

The person (listed above) who picks up your child must be identified by your child to a camp director before your child will be released in their care.

Please Check this Box if you are registering your child for the 2018 ATI Kids Summer Camp and give permission for your child to be released to OSU/ATI staff to participate in the ATI Kids Summer Camp.

My child will be participating in ATI Kids Summer Camp immediately following Cloverbud Day Camp on the following dates:

- June 12th
- June 13th
- June 14th

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: _____	Other Cell Phone: _____
Other Contact: _____	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:



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

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> 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:

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