It's Parents Night out!

Donations will be taken to support the Food and Fashion Board's trip to New York City in June.

Tuesday, February 14 ♥ 5:30 - 8:30 pm

Pre-school - 5th grade ♥ Smithville High School Cafeteria

A fun night with Food and Fashion Board members and advisors of games, activities, and movies with other fellow 4-Hers. Drinks and light snacks will be provided, but please pack a meal for your child. Please RSVP by February 7th to the Extension Office 330-264-8722. Emergency contact forms are available and must be turned in to participate.

The kids will play while the parents get away!

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:

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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

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Bloir, K., Epley, H.K. Updated 8/2016