



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

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June, 2019

Dear Camper and Parents:

4-H Camp days are quickly approaching!! (This year's camp is scheduled for June 19th-22nd.) We are planning a fun camping experience for everyone. This year's camp theme is "Into the Wild, Wild West." In order to make our camp run smoothly and to ensure that you bring necessary items to camp, please review the following:

- ☺ Health Form (if you have completed a Health Form for any other event in 2019, you do not have to complete another one if nothing has changed. If you are not sure if your child has a health form on record, please call us.)
- ☺ Permission to Participate at 4-H Camp
- ☺ Minor Photo Release, Early Release & Restricted Release Form
- ☺ Permission to Take to Health Facility and Restricted Activity Form
- ☺ Directions to Camp
- ☺ Things You Need to Know About Camp/Things to Bring
- ☺ Medication Notification for Camp Nurse
- ☺ Tentative Camp Schedule
- ☺ Telephone Number for Camp
- ☺ Basic Rules for Camp
- ☺ Guidelines for Searching the Belongings of Participants
- ☺ A Homesick Plan

The Health Form, if you have not submitted one for another event, and/or Permission to Participate, need to be completed and brought with you to Camp. If pictures are taken at camp, the Minor Photo Release Form gives The Ohio State University Extension permission to publish them. The Early Release Form should be completed only if your child plans to leave camp early. The Restricted Release portion of the form should be completed only if you have any restrictions on who will pick up your child from camp. The other forms this year are the Permission to Take to Health Facility and the Restricted Activity Form (they are on the same insert).

Also, if your child is taking a prescription or other medication on a regular basis, you will be asked to complete a "Medication Form" when you register your child at camp. If you are having someone else bring your child to camp, please give them the details the nurse will need. (This information will be vital, so be sure to have all medication and data with you at registration.)

Check out the Camp Program regarding registration, daily camping activities and departure time (camp is over on Saturday at @ 1:30 p.m.).

Sincerely,

Angie Allison, Extension Educator
4-H Youth Development

P.S. I know that everyone's excited about Camp, but please do not arrive before 4:00 p.m. on Wednesday. The counselors and I need that time to get ready. Please do not come early.

JEFFERSON COUNTY 4-H CAMP

THINGS TO KNOW ABOUT CAMP:

- ☺ The Theme for the 2019 4-H Camp is "Wild Wild West".
- ☺ When you arrive, go directly to the craft hall to register.
- ☺ All 4-H'ers leaving camp at any time must complete the 4-H Member Early Release Form. This form must be turned in at registration.
- ☺ A completed Health Form and all medicine must be given to the Nurse at registration.
- ☺ No cell phones are permitted at Camp Piedmont.
- ☺ All female participants must bring one-piece bathing suits to camp.

THINGS TO BRING: (Please put your name on all clothing, towels, etc.)

Clothing: (Wear the kind of clothing you like for play at home)

Also Bring:

- ☺ Sturdy Shoes
- ☺ A warm jacket or sweater
- ☺ A rain coat
- ☺ Remember - No sandals allowed

Bedding: (Be prepared for chilly nights!!!)

- ☺ Sleeping bag or 2 blankets and sheets
- ☺ Pillow

Toilet Articles:

- ☺ Towels and wash cloths
- ☺ Soap, toothbrush and toothpaste
- ☺ Shampoo, comb, brush, etc.

Other Things:

- ☺ Swim suit (one-piece for girls)/towel
 - ☺ Flashlight
 - ☺ Camera/radio(bring at your own risk)
 - ☺ Sunglasses
 - ☺ Insect Repellent
 - ☺ Alarm Clock
-

Guidelines for Searching the Belongings of Participants in Camps, Trips and Other Overnight Programming Activities

PROHIBITED ITEMS

Prohibited items at Ohio 4-H Camps, Trips, and other Overnight Programming Activities

Ohio 4-H places priority on taking necessary and reasonable actions to safeguard the overall safety and well-being of all program participants. Prohibited items that are never allowed at any Ohio 4-H program where minor participants are present include alcohol, tobacco products in any form, illegal drugs, pornography, discriminatory iconography and/or messaging, and weapons not included in an approved 4-H shooting sports program.

Additionally, youth participants (campers and counselors) may not possess cell phones* during 4-H camp. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach: If an individual is found with a prohibited item, they will be sent home at the family's expense.

* Camp Program Directors also have discretion for prohibiting other internet-enabled devices at their 4-H camps.

SEARCHING BELONGINGS

Guidelines for Searching the Belongings of Participants

If there is reasonable suspicion that a violation of the program's prohibited items policies has occurred or other rules have been broken, a search may be conducted. The following steps will be taken:

- Searches will be conducted by at least two trusted individuals, in the presence of the participant whose belongings are being searched, and preferably in a private setting, unless there is imminent danger or circumstances that require immediate action.
- Searches may include a participant's luggage, bags, backpacks, knapsack, trunk, locker, bedding, dresser drawers, and personal effects including toiletries.
- When timing and circumstances allow, the participant's parent or guardian will be notified prior to conducting the search. In situations when this is not possible, either due to timing, lack of communications coverage, or lack of response, notification will be made as soon as possible.
- If an illegal item is discovered (e.g., alcohol), it will be confiscated and retained in a secure place, and the appropriate authorities will be contacted for further action.
- If a prohibited item is discovered, it is confiscated and retained in a secure place. Prohibited items may be returned to the parent/guardian when they arrive to pick-up their participant.



4-H Camp Piedmont Emergency Management Plan

General Emergency Procedures:

- ☞ **Bell Ringing Continuously**—bring your campers quickly yet safely to the dining hall basement. Maintain calm and quiet once there...until further instructions are given.
- ☞ **Air Raid Siren**—keep your campers in place and wait until an adult staff member visits you in person to give the all clear.
- ☞ **First AID**—in most minor situations, bring your camper safely to the camp nurse. If the injury is severe, send another person to get the nurse while you stay with the injured camper. Do not move them. Have the camper perform self-pressure to stop bleeding.
- ☞ **Blood or vomit**—do not touch bodily fluids. Keep other persons from coming in contact. Send for the nurse or adult staff for assistance.

An Ounce of Prevention:

- ☞ Have campers travel in pairs to any location that is away from your eyes.
- ☞ Keep behavior management principles on track throughout the camp experience.
- ☞ Encourage campers to eat healthy meals and keep hydrated. Discourage junk food and soda.
- ☞ Pay extra attention to camper behavior near water, food, mud, or the shower house.

Situational Responses:

- ☞ **Strong thunderstorm**—unless a bell or siren indicates otherwise, get all your campers inside and maintain calm/fun until the storm is completely gone for 15 minutes.
- ☞ **Bedwetting**—privately handle the situation with adult staff so as to not embarrass the camper. Adult staff can launder the bedding. Talk to the nurse for further instructions.
- ☞ **Scrapes/bumps/bruises/headaches**—ensure one counselor remains with the cabin while another counselor accompanies the camper to the nurse's station.
- ☞ **Missing camper**—after you have checked the location(s) the camper is supposed to be (also restrooms, group activities, dining hall, nurse's station), notify an adult staff member immediately.
- ☞ **Unauthorized guests**—Do not interact with them. Go immediately to get the camp director or adult staff member.
- ☞ **Homesickness**—work with the camper to try to distract them or get them involved in an activity. Give them an important responsibility or help them make friends. Try to take their mind off of home. Take them to the bathroom then give them a drink of water. Then see how they feel in 5 minutes. If all attempts fail, work with the adult staff. Do not tell the camper they can go home.
- ☞ **Worst case scenario**—in the event that a tornado, unidentified shooter, or other crisis hits camp before any bells/sirens can be sounded; remember that you are the role model for the campers. Make good, common sense decisions.

Emergency Phones – located in the Nurse's Station and in the Dining Hall Kitchen.

AED Unit – located near the pool on the back porch wall. This unit is used if a person stops breathing. The unit gives step by step instructions. Quick response is critical.

Camp & Bed Bugs: Packing for Prevention

Whether they come to camp every year or this is their first trip, attending camp is an exciting time for children. Making new friends, exploring nature, and trying new things are all part of the camp experience and create memories that will last a lifetime.

However, along with all the good parts of camp, an annoying little bug can also be part of the experience. In recent years, bed bugs have made a resurgence in North America. They are often found in hotels, multi-unit dwellings, and other structures that house people for short periods, such as camps. While bed bugs may be a nuisance, they do not transmit disease to people.

The good news is that there are simple steps that can be taken to help ensure that children do not bring bed bugs to camp or back home. We are taking proactive steps in our camp facilities, please help us by following the packing advice listed below:

Packing for camp

Visually inspect items for bugs. Take sleeping bags, blankets, and luggage out of storage, place them outdoors, and inspect them carefully for any signs of bugs or eggs.

Tumble bedding and luggage in clothes dryer. Place bedding or luggage in the clothes dryer and tumble them on a high heat setting for 30 minutes. The heat from the dryer kills bed bugs and eggs. For items that cannot be placed in a dryer, place into a black plastic garbage bag, then put it out in the hot sun for a day(s) as heat can kill this pest.

Use a heavy gauge garbage bag as a liner in luggage. Place all clothing inside the liner, tightly twist, and knot to seal. This will help keep bed bugs out of clothing. In addition, place bedding in a separate garbage bag. Duffle bags are recommended as luggage for campers as they can be placed in a dryer. Additional recommendation is keeping luggage closed when not in use. Rubbermaid container is also an option.

Pack extra garbage bags. Be sure to pack two extra garbage bags for your child. One bag will be used for all dirty clothing and the other will be used for dirty bedding.

Coming home from camp

Inspect items before you bring them indoors. Inspect items that cannot be placed in a washer/dryer for evidence of bed bugs outdoors and clean if necessary before bringing them indoors. Place bedding and clothes stored in garbage bags directly into the washer/dryer. Dispose of the plastic bag outdoors.

Clean all camp items. For items that can be laundered, use a hot water setting and tumble dry on high heat for at least 30 minutes. For items that cannot be laundered, such as suitcases, vacuuming and place into a black plastic garbage bag then put it out in the hot sun for a day(s) as heat can kill this pest.

Wipe off shoes. Use rubbing alcohol to wipe off the bottoms of shoes. <http://centralohiobedbugs.org/>

4-H Camp Piedmont's Procedure for Prevention

The 4-H Camp Piedmont Board and Staff asks that we encourage kids to pack in totes to prevent transporting of insects.

Cabins checks for bugs are performed immediately after a group departs as part of our normal cabin sweep procedures. The company Four Paws K9 Detection performs the inspection.

<http://fourpawsk9detection.com/>

CimeXa dust is professionally applied on each bed and cabin as routine treatment. This is to prevent bugs being brought into the cabins and laying eggs. If any signs of bed bugs are found during inspections, after a group has left, we immediately contact our extermination company for an additional inspection and treatment.

<https://www.rockwelllabs.com/cimexa.html>

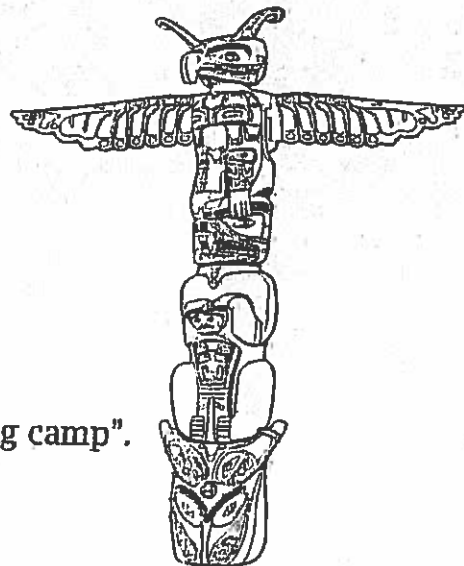
Please do not bring and apply store bought sprays as they can dilute or wash away the CimeXa dust leaving and untreated area.

If during a stay a guest believes to have found signs of bed bugs we immediately collect all clothing, luggage and bedding from the cabin and heat using laundry dryers to kill any bugs that may be in the guests belongings. If possible, we then move the group to another cabin.

If you have any further questions, please feel free to contact us.

4-H Camp Piedmont Ground Rules of Order

- Campers shall not leave camp without permission from your camp director.
- Campers are required to attend all regularly scheduled activities.
- No smoking or use of smokeless tobacco at camp by anyone.
- No alcoholic beverages or illegal drugs are permitted.
- Fireworks are not permitted.
- The lake is off-limits to all except during scheduled waterfront activities.
- No Swimming in the lake at any time – MWCD regulation.
- The kitchen, barbeque pit, and shop are off limits to all campers.
- Campers need permission before using the telephone.
- All calls “in and out” are to be made from the phone in the First Aid Station.
This phone number is (740) 758-5480.
- The main camp phone (740) 758-5574 is for camp business and staff only.
- Do not deface buildings or equipment including recreational equipment.
- Return all recreational equipment to where it belongs.
- No littering, but if you see liter, pick it up and dispose of it properly.
- The boys are not permitted in the girl’s cabins.
- The girl’s are not permitted in the boy’s cabins.
- Bathing suits shall be worn for scheduled pool swimming times only.
- Report any injury immediately to your qualified medical person.
- Avoid injuries by walking, not running and wearing shoes.
- Respect the rights and property of others.
- Leave expensive items at home.
- Keep the camp and your cabin clean.
- Leave everything better than you found it.
- Do not harm or destroy any trees or shrubs.
- Follow “Dining Hall Procedures”
- Follow “Cabin Rules of Order”
- Follow “Cabin Cleanup Procedures prior to leaving camp”.
- DO – Come prepared to have FUN!!!!




Vehicle Parking Policy

Parking is permitted in the designated parking areas as shown on the campgrounds map. All vehicles are to be parked on the side of the road before the "Y" on the lake side or on top of the hill (enter at the dumpster gate). **Parking is not allowed around the loop, in the driveways, or in the grass by the cabins.** 4-H Camp Piedmont's goal is to enhance the eye appeal in photos, etc. and to keep the roadways clear for delivery trucks and more importantly for "Emergency Vehicles". Parking is allowed for a limited time around the loop for loading and unloading on arrival and departure. As always hardship or handicapped persons are exempt from this ruling.

Cabin Rules of Order

This cabin is your home while you are at camp - take care of it!!

- o Do not write, mark, or carve on the walls, ceilings or beds.
 - o Do not use staples, tape, glue, or nails on beds, walls or ceiling.
 - o Do not use extension cords or outlet strips in the cabins.
 - o Hair dryers or curling irons may be used in the shower house.
 - o Clock radios and fans are permitted.
 - o Food, candy, pop and gum should not be stored in the cabins.
 - o Counselors ONLY are permitted to turn on the heaters.
 - o Do not remove the batteries from the smoke alarms; this is for your safety.
 - o Do not remove beds or mattresses without camp staff permission.
 - o Report damaged or broken items to camp staff promptly.
 - o Camp staff will inspect your cabin prior to your departure to check for cleanliness, damages and forgotten items.
- 

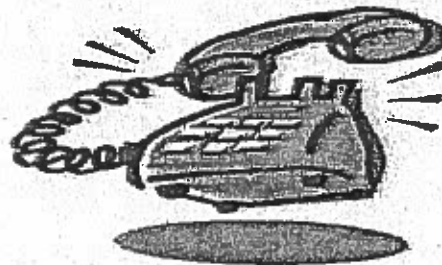
Telephone Use Policy

Campers Number is (740) 758-5480

This is the telephone number of the phone line in the Nurse's Station for your camps incoming and outgoing telephone calls. This phone is for camp directors to use for all their camp's needs. Your certified medical person should be at the First Aid's Station or have a sign on the door where to locate him/ her to gain access to the phone. Please make sure your counselors, campers, and other members of your camp give their family at home this number in case they need to call you at camp. Have your campers bring calling cards or call collect for personal calls whenever possible. Camp directors, counselors, campers, and other members of your camp will not be allowed to use the phone in the kitchen or manager's office. An exception to this would be in case of an emergency, such as calling an ambulance, etc..

Camp Business Number is (740) 758-5574

The main phone line at the camp is for camp business only and is to be used by the camp managers, head cook, and camp staff. Camp staff will not be responsible for taking and delivering messages from incoming calls unless it's an emergency situation. They will advise the caller to call back on the other number.



Ohio 4-H Camp Cell Phone Policy

As a means of risk management, youth participants (campers and counselors) may not possess cell phones * during 4-H camp. Counselors shall not use cell phones (as alarms, music players, etc.) in their cabins at any time. Camp Program Directors have discretion for permitting camp counselors selective cell phone use during limited time periods, such as during out-posting, nature treks, or off-camp travel (field trips), or for other safety concerns where the use of two-way radios is not practicable. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach. If any individual is caught with a prohibited cell phone, they will be sent home at the family's expense.

Camp Program Directors also have discretion for prohibiting other internet-enabled devices at their 4-H camps.

DIRECTIONS TO 4-H CAMP PIEDMONT

Location: 34221 4-H Club Road, Piedmont, OH 43983

From Steubenville/Wintersville:

- Stay on SR22 West through small town of Smyrna
- Turn a sharp Left at SR 800 South – go 3.0 miles
- Turn Left at 4-H Camp Piedmont Sign / Rouggen Road – go 0.9 mile
- Turn Right on Briar Wood Drive – go 0.3 mile
- Bear Right on Briar Hill Road – go 0.5 mile
- Turn Left on Briar Hill Road – go 0.6 mile
- Bear Right on 4-H Club Road and go 0.2 mile to the camp entrance

From South End of County:

- Take 1-70 West to Exit 202 (Barnesville SR 800)
- Take SR 800 North appx 9.0 miles
- Turn Right onto 4-H Camp Road
- Follow directions above

Camp traffic is one way – veer to the right!

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:	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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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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:

<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 réfrigeration 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			

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

PERMISSION TO PARTICIPATE
4-H CAMP

I give permission for my child, _____, to participate in the 2019 Jefferson County 4-H Camp from June 19-22. Activities involved in camp will include living in a cabin on a hill, sharing bathroom facilities with other campers, sleeping in bunk beds, canoeing, nature hikes, playing volleyball, basketball, relay races and other recreational games, campfire activities and dances.

Attending camp may lead to contact with individuals who are experienced or inexperienced in the above mentioned activities.

I also understand that participation in any of the above activities is strictly voluntary and not a requirement for 4-H membership.

I am aware, and have discussed with my child, that:

- ① Being in and around water, woods and participation in camp activities may cause clothing to become wet, dirty and beyond cleaning and/or repair.
- ② While in a canoe, my child may be involved in a collision with another canoe, person or object in water.
- ③ Hiking may give rise to risk of injury from arising from the surface or subsurface of the ground on which the hiking occurs.
- ④ Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls.
- ⑤ Other participants may act in a negligent manner which otherwise may result in harm to my child.
- ⑥ Swimming in a pool may lead to injury caused by slippery surfaces, contact with other swimmers and/or objects in the water.

I recognize that the above mentioned activities and potential resulting risks may cause injury, death, drowning or loss to participants or other persons in the immediate vicinity.

I understand that my child is not required to participate in any of these activities, but grant permission for them to do so, despite the possible risks. I recognize that by participating in these activities, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities and that I assume any expenses that may be incurred in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

CAMPER/COUNSELOR

DATED: _____

PARENT/GUARDIAN

DATED: _____

HOMESICK PLAN

If you are concerned that your child may be homesick at camp, talk to him/her about it.

Send a favorite pillow or stuffed animal to keep in his/her bed to help at night.

Be sure they know to let a counselor/adult know if they are feeling homesick. We can help!

Fill out the short form below to let us know what we can do to help your camper succeed and not be homesick.

NAME: _____
(Camper)

Things that Make Me Feel Better:

MINOR PHOTO RELEASE FORM

College of Food, Agricultural and Environmental Sciences

Ohio State University Extension

Ohio Agricultural Research and Development Center

I GIVE The Ohio State University permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

MINOR'S NAME: _____

YOUR NAME: _____
Parent/Guardian (Please Print)

YOUR SIGNATURE: _____

DATE: _____

This release pertains to the 2019 Jefferson County 4-H
Camp.

PERMISSION TO TAKE TO HEALTH FACILITY

I, _____, hereby authorize

_____ to make any decisions necessary for my child,

_____ as it relates to being taken to a Health Facility if necessary during any 4-H activity. If such action is taken, I can be reached at

_____ (home phone number) or

_____ (cell phone number)

to be notified to which facility my child will be taken.

Parent Signature

Date: _____

MEDICATION INFORMATION
JEFFERSON COUNTY 4-H CAMP

Child's Name: _____

Name of Parent(s): _____

Telephone/Cell: _____

(In case of emergency)

List of Medications: _____

Route (i.e. inhaler or by mouth)

*Time to be taken (i.e. Before meals
Evening)*

After meals

Morning

Afternoon

Medication #1: _____ *(List name of prescription)*

Route: _____

Times: _____

Medication #2: _____ *(List name of prescription)*

Route: _____

Times: _____

Medication #3: _____ *(List name of prescription)*

Route: _____

Times: _____

Medication #4: _____ *(List name of prescription)*

Route: _____

Times: _____

List any allergies: _____