



2019 Southeastern Indiana 4-H Camp Application

June 3-6, 2019

**Location: Camp Higher Ground
West Harrison, Dearborn County**



.....
Name _____ COUNTY: _____

Address: _____

Parent/Guardian: _____

Phone: Home (____) _____ Cell (____) _____

Parent email: _____ Child email: _____

Years at 4-H Camp: _____ Grade _____ Age _____ Male or Female (circle one)

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Camp T-Shirts are included with the camp fee. The camp T-shirt is designed each year by the Junior Camp Directors.

This year's camp theme is: Wild Wild West 4-H Camp

Camp Fee: \$180.00
Checks Payable: Purdue Extension - Ohio County

Please Circle Size: Child: S M L Adult: S M L XL 2XL 3XL

I would like _____ as one of my cabin buddies. (Counselors and CIT's should not be suggested as cabin buddies.)

I am a _____ Camper, _____ CIT, _____ Counselor, _____ Group Leader, _____ Junior Director.

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Return Completed Form and Fees to:

Decatur County Extension Office
545 County Road 200 S. 200 W
Greensburg, IN 47240

Deadline: May 1, 2019

Get your application in early, as there are a limited number of spaces for campers.

Parents and Members:

Read the behavior expectations on the reverse side of this form and sign. No application will be accepted without these signatures.

BEHAVIORAL EXPECTATIONS

For those few that have not learned appropriate social behavior, the following constitutes a violation of behavioral expectations.

1. Possession of or the use of firecrackers, gunpowder, firearms, chemicals, or other materials that can be used to create an explosive mixture.
2. Misuse of the fire equipment or sounding a false fire alarm.
3. Having a guest of the opposite sex in your sleeping quarters.
4. Physical abuse of any person or conduct, which threatens or endangers the health or safety of a person.
5. Theft or malicious damage of property.
6. Possession, use, distribution, or being in the presence of use or distribution of alcohol, tobacco, or drugs this includes vaping.
7. Unauthorized entry, use or occupancy of any facility.
8. Lewd, indecent or obscene conduct.
9. Any conduct which threatens or interferes with the maintenance of appropriate order and discipline or invades the rights of others.

When and if violations occur at 4-H Camp, the following procedure will be followed:

1. The parents/guardians will be contacted to arrange transportation home for the violator(s) and
2. The local Extension Educator will be notified.

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I have read the above expectations and consequences, and agree to them.

4-H Member Signature _____

Parent or Guardian Signature _____

4-H Camp Photo Release

I understand that photos of my son/daughter will be used on the 2019 Camp Photo Website, Social Media, and to be used in the Camp slideshow, marketing, and or advertising for Southeast Indiana 4-H Camp

_____ I Agree _____ I Disagree

Parent/Guardian Signature _____ Date _____

HEALTH FORM
(Youth)

Attach current photo here.
Photo will not be returned.

Event/Activity/Trip

County _____ Dorm and/or Room Number _____
Name _____ Birthdate _____
Street Address _____ City _____ State _____ ZIP code _____
(_____) _____
Day Phone Number _____ Evening Phone Number _____ Youth Cell Number (if applicable) _____
List any activities the participant should avoid (i.e., swimming): _____

Physical Record of Participant	Yes	No
Heart Condition	_____	_____
Diabetes	_____	_____
Ear Infections	_____	_____
Bedwetting	_____	_____
Allergy to any medication	_____	_____
List medicines allergic to: _____	_____	_____
Food allergy or dietary restrictions	_____	_____
List allergies/restrictions _____	_____	_____
Other allergies (i.e., dust, pollen, animals)	_____	_____
List other allergies _____	_____	_____
Date of last tetanus shot: _____	_____	_____

Please list any current medication being taken on reverse side of this form.
Any other medical record information that would be beneficial during the program or in an emergency:

PARENTAL AUTHORIZATION

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature _____ Date _____ Witness to Parent/Legal Guardian _____ Date _____
Parent/Guardian Telephone: (_____) _____ (_____) _____
Home Work

Both above signatures required for acceptance to participate

In case we cannot reach you, please list the name and phone number of a second party to contact:
Name _____
Address _____
Telephone: (_____) _____ (_____) _____
Home Work

Please complete the addendum on reverse side

ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.

Medications must be carried in their original containers.

County: _____

4-H member's Name: _____

Name of Medication: _____

What Illness/Condition is this medication intended for: _____

Check all of the following that apply:

- Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel
- Benadryl may be administered by 4-H Youth Development event personnel
- Medication is to be self administered by student
- Medication is to be administered by 4-H Youth Development event personnel

Dosage: _____ Refrigeration? Yes No

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: () _____

Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian _____
Date

Signature of Parent/Legal Guardian _____
Date