

**RETURN TO:**  
PURDUE EXTENSION-  
VANDERBURGH COUNTY  
13301 DARMSTADT RD, STE A  
EVANSVILLE IN 47725  
FAX: 812 867-4944

**4-H CAMP REGISTRATION DUE MAY 15**  
**GRADES 3-6 ONLY**

**COST:**  
**\$70**

**2019 CAMP DATES: JUNE 6-7 @ CAMP REVEAL**

**COMPLETED HEALTH & BEHAVIORAL  
EXPECTATION FORMS ARE REQUIRED  
MAKE CHECKS TO: Purdue CES Ed Fund**

**REFUNDS  
WILL NOT  
BE GIVEN!**

Primary County of 4-H enrollment?      POSEY      VANDERBURGH

Have you attended 4-H Camp before?      YES      NO

Camper's Name: \_\_\_\_\_

Camper's Address: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:    M    F

Current Grade as of May 1, 2019 :    3    4    5    6

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Teammate Preference (if any): \_\_\_\_\_

Please list any person(s) who are designated to pick up the above-listed camper:

1. \_\_\_\_\_

2. \_\_\_\_\_

***I verify that I am a current 4-H member in the county circled above, and I have read and will abide by the Indiana 4-H behavioral expectations set by Indiana 4-H.***

\_\_\_\_\_  
**4-H Member Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

HEALTH FORM

Attach current photo here. Photo will not be returned.

4-H Camp

County \_\_\_\_\_

Dorm and/or Room Number \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Day Phone Number

Evening Phone Number \_\_\_\_\_

Youth Cell (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 allergies or dietary restrictions \_\_\_\_\_

List allergies/restrictions: \_\_\_\_\_

Other allergies (i.e., dust, pollen, animals) \_\_\_\_\_

List other allergies \_\_\_\_\_

All immunizations required for school are current \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please list any current medication being taken on reverse side of this form.**

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

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 CAMP YOUTH HEALTH FORM

Complete this form for **prescription medications and over-the-counter medications** that are being taken by the student at the time of the event. These medications will 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 any 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

Dosage: \_\_\_\_\_ Refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Other information (if applicable): \_\_\_\_\_

Date(s) to Administer: From \_\_\_\_\_ To \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Event: \_\_\_\_\_ Date (s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## Youth Behavioral Expectations

### To Promote the Well-Being of Youth for 4-H Teen Leaders Who Work with 4-H Youth Development Programs in Indiana

*“Those who believe in and work with youth have confidence in our future.”*

These Youth Behavioral Expectations give 4-H teen leaders the opportunity to reaffirm their commitment and dedication to the well-being of 4-H members. When all individuals sign a copy of this document, they are making a collective statement that youth in the 4-H Youth Development Program are being treated with respect, dignity, and attention to individual needs.

In my role as a teen leader I will:

- Respect, adhere to, and enforce the rules, policies, and guidelines established by the Purdue University Cooperative Extension Service including all laws related to child abuse and substance abuse.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Be truthful and forthright when representing the 4-H Youth Development Program.
- Under no circumstances possess, consume, or be under the influence of alcohol, tobacco or tobacco-like products, illegal drugs, or other dangerous substances at 4-H Youth Development Program events or activities.
- Recognize that verbal or physical abuse, failure to comply with equal opportunity and anti-discrimination laws, or committing criminal acts are not acceptable practices in 4-H Youth Development Programs.
- Accept my responsibility to represent 4-H Youth Development Programs with dignity and pride by being a positive role model for other youth.
- Avoid inappropriate interactions with and displays of affection toward other persons.
- Wear clothing that is appropriate for the event or activity.
- Accept supervision and support from salaried Extension staff or designated management volunteers.
- Will participate in orientation and training, which includes youth protection standards, sponsored by the Purdue Cooperative Extension Service.
- Operate machinery, vehicles, and other equipment in a safe and responsible manner when working with other youth participating in 4-H Youth Development Programs.
- Treat animals in a humane manner and teach program participants appropriate animal care and management.
- Use technology in an appropriate manner that reflects the best practices in youth development.
- Accept my responsibility to promote and support the 4-H Youth Development Program in order to develop an effective county, state, and national program.

I have been given the opportunity to review these expectations and the opportunity to ask questions, and those questions have been answered to my satisfaction. By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document. I understand that my failure to comply with these expectations may result in disciplinary action or termination of my youth leadership position in the Indiana 4-H Youth Development Program.

\_\_\_\_\_

Print 4-H Member Name

\_\_\_\_\_

Date

\_\_\_\_\_

4-H Member Signature (required if 18 years of age or over)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Educator Signature

\_\_\_\_\_

Date

A signed copy of the Youth Behavioral Expectations will be on file in the respective administrative office.

These Behavioral Expectations and related policies have been developed by faculty, educators, staff, and volunteers to strengthen the work of those who believe in the 4-H Youth Development Program.

It is the policy of the Purdue University Cooperative Extension Service that all persons have equal opportunity and access to its educational programs, services, activities, and facilities without regard to race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability or status as a veteran. Purdue University is an Affirmative Action institution.

This material may be available in alternative formats.