TO:      Parents/Guardians of Cloverbud Camp Participants

FROM:    Kiersten Heckel
         Extension Educator
         4-H Youth Development
         heckel.13@osu.edu

RE:      2021 Cloverbud Camp

Dear Parents/Guardians:

Included with this registration confirmation letter are forms that need to accompany the camper the **day of Cloverbud Camp**.

- Permission to Participate
- Ohio 4-H Health Statement, COVID-19 Acknowledgement

Other information that may be helpful for you to know:

- Campers need to bring a sack lunch. Refrigeration is available.
- Beverages and snacks are provided.

Please don’t hesitate to contact me with any questions. I look forward to seeing your child at Cloverbud Camp!

KH/ama
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.

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)

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Frequency/Instructions:</th>
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Check below if the participant is subject to any of the following conditions:

- Asthma
- 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
Ohio 4-H Camp COVID-19 Acknowledgement

I will not send my child to camp if they, or any member in their household, have tested positive for COVID-19 or in the past 14 days have experienced any of the following COVID-19 symptoms:

- Congestion or runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- Muscle or body aches
- Nausea or vomiting
- New loss of smell or taste
- Sore throat
- Shortness of breath or difficulty breathing

I understand that camp participation is voluntary. I acknowledge the contagious nature of COVID-19 (and its variants) and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 (or its variants) by attending the 4-H Camp, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 (or its variants) may result from the actions, omissions, or negligence of my child(ren), myself and others, including, but not limited to, The Ohio State University, OSU Extension, 4-H camp site, and the employees, agents, representatives, volunteers and program participants and their families.

I further understand that dangers may be increased if I or my child(ren) have previously had COVID-19. Because COVID-19 is a developing disease, I understand that all of the current and future risks associated with COVID-19 are not known at this time and it is not possible to fully list every risk associated with contracting the virus. However, I am aware that COVID-19 complications while engaging in physical activity without appropriate medical clearance may lead to further injury or illness, including, but not limited to: dizziness; respiratory issues and lung damage; cardiac issues, including myocarditis (heart muscle inflammation); blood clots; general inflammation; and muscle inflammation/breakdown. I am choosing to send them to camp despite the potential risks.

As recommended by the American Academy of Pediatrics, I understand my pediatrician can advise me on whether it is safe for my child to attend camp based on his or her medical history.

I understand my child must follow all COVID-19 guidance (e.g., wearing masks, distancing, etc.). Failure to do so may result in my child being sent home from camp.

I also understand I will be required to immediately pick up my child if they experience any symptoms listed above while at camp or are exposed to COVID-19. I understand I will receive a full refund of any fees paid before the start of camp. Refunds will be prorated for the days not attended if participants need to depart due to COVID-19 symptoms.

________________________ __________________________
Parent/Guardian Printed Name Parent/Guardian Signature

________________________ __________________________
Child Printed Name Date