Join us for the 2019 4-H Cloverbud Two-Day Camp! This year’s theme is “Ag is Sweet!” We will learn about the science behind some of the sweetest parts of the agriculture industry, including chocolate making and beekeeping. Come enjoy some sweet treats with other Cloverbuds at the Shelby County Extension Office and Winans Chocolates and Coffees.

Registration forms, itinerary, and transportation waiver attached. Camp is open to youth who have completed kindergarten through second grade. Maximum number of campers to be registered = 40. First come, first serve. Enrolled Cloverbuds given priority.

“Campers may be exposed to honey and other products made from bees as well as chocolates and peanuts during the Winans factory tour. Please be aware of any food allergies and make appropriate notes on the registration form.

Monday and Tuesday, August 5th & 6th
9:00 a.m. to 4:00 p.m.
Check-in and drop-off
8:30 to 9:00 a.m.
Pack-up and pick-up
3:30 p.m. to 4:00 p.m.
Fee: $40.00
(includes lunch, t-shirt and transportation to and from Winans Chocolates and Coffees)

Questions?
Contact Summer at 937-638-0695 or mclain.70@osu.edu
Ag is Sweet! Two-Day Camp

Monday & Tuesday, August 5-6 from 9:00 a.m. to 3:30 p.m. for 4-H Cloverbuds and youth ages 5-8 at the Shelby County Fairgrounds

Join our awesome 4-H teen leaders as they explore the science behind the sweetest parts of agriculture! Campers will make new friends while they engage some sweets-specific workshops, explore the fairgrounds with a scavenger hunt, and play some fun outdoor games. They will even get to tour Winans Coffee and Chocolate Factory!

Fee: $40.00
Includes lunch, t-shirt and transportation

2019 SHELBY CO. CLOVERBUD TWO-DAY CAMP REGISTRATION FORM

Registration due to office no later than MONDAY, July 29th. Checks payable to OSU Extension. *Please note: Maximum number of campers we are able to register is 40. We will register youth on a first-come, first-serve basis with currently enrolled Cloverbuds given first priority.

Camper Name: ____________________________________________

Age on January 1st, 2019: __________________________ Gender: __________________________

Grade Completed as of Summer 2019: ________________ T-shirt size (youth): XS | SM | MD | LG | XL

Street Address:________________________________________

City: __________________________ Zip: __________

Email: _____________________________________________

Parent/Guardian Name 1: __________________________ Phone: __________________________

Parent/Guardian Name 2: __________________________ Phone: __________________________

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES
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)

Name of Medication:  Dosage:  Frequency/Instructions:

ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.
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
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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Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of ____________________________, state that my child would like to participate in the 4-H Camp, ____________________________, and has not received the following immunizations:

(    ) Diphtheria / Tetanus / Pertussis  (    ) Hepatitis B
(    ) Polio  (    ) Haemophilus Influenza Type B
(    ) Measles/Mumps/Rubella  (    ) Varicella (Chicken Pox)

My child has not received the immunizations above because: ________________________________________________

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: ________________________________________________
Parent / Guardian Signature: ________________________________________________
Date: ________________
4-H Member Restricted Release/Optional Early Release

Complete this form to confirm arrangements and/or authorize another person to pick up a 4-H youth member. Supervision at 4-H Events where 4-H Professionals and Authorized Volunteers take responsibility for 4-H youth members in the absence of the parents/guardian is of highest importance. Full time participation is required at 4-H events unless prior permission is granted by the County 4-H Professional.

I, ____________________________, hereby authorize only the person(s) listed below to pick up
(name parent/guardian)

____________________________ from _________________________.
(4-H youth member name) (name of event)

Name of person(s) authorized to pick up my child:

1. ________________________________ Phone _______________________
2. ________________________________ Phone _______________________

If the youth is granted permission to leave the event early, complete these details:

☐ Pick up time/date/time ______________________________________________
☐ Return date/time ________________________________
☐ Will not return to event

If a change is needed to this authorization, I understand that I must call:

_________________________________________ at _______________________________
(name of 4-H Professional/Volunteer in charge of event) (phone)

__________________________________________ ______________________________
Signed (parent or guardian) (date)

Before release of the youth member the person(s) listed above must be identified by the youth member to the 4-H Professional/Volunteer in charge and sign below.

Signature of person picking up member _______________________________________

____________________________ (date/time)