



Missouri 4-H
 University of Missouri
 4-H Center for Youth Development

4-H Youth Health Statement, Parent Consent and Event Acceptance Form
Complete the Entire Form (both front and back) - Do not alter the form in any manner.

Event 2008 4-H Camp Date(s) of Event June 15-17, 2008

Name _____

Age _____ Male Female Birth date _____

County _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Insurance Co/Policy # _____

Insurance Co. Name _____

Insurance Co. Address _____

Insurance Co. Phone # _____

Parent(s)/Guardian(s) _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Family Physician _____

Office # _____ Home # _____

PLEASE COMPLETE

For health or safety reasons, every person attending this event must submit a completed health form prior to the beginning of the program. Please read and answer the following questions. Any "yes" response will require an explanation.

1. Will your child be bringing any type of medication to this event? ____ Yes ____ No _____
2. Does your child have any allergies? ____ Yes ____ No _____
3. Describe any special needs (medical, physical or mental challenges) we should be aware of?

4. Does your child have any special dietary needs? _____
5. Date of last Tetanus immunization? _____
6. May your child be given pain relievers (i.e., Tylenol, Motrin, etc.)? ____ Yes ____ No

If necessary, I do approve of officials taking my child, _____, to the nearest doctor or hospital. I further understand that should health problem arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.



EVENT ACCEPTANCE:

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct: 1. Participate fully in all sessions. 2. Show respect for property/facilities used during the event and assume financial responsibility for any damages they cause. 3. Observe the established agenda, including being in their own rooms at the announced curfew. 4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. is prohibited. 5. No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

We understand and accept the responsibility for following the above guidelines, and understand that failure to do so will result in dismissal from the event or activity. Further, we accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from violation of this agreement. We understand and agree that in consideration of the acceptance of my child in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents, and/or employees from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to me or my child in the course of these events. We will be bound by all rules and regulations while participating in said events.

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, the parent/guardian signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in the treatment of my child.

Youth's Signature Date

Parent/Guardian's Signature Date

STATE OF MISSOURI, COUNTY OF _____

My Commission Expires: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public Signature

PHOTO POLICY:

Public Relations are an important part of the Missouri 4-H Program. Images (including photographs and video) are used in various print and electronic media to recognize members for their work and to let others know what is happening in 4-H. Should you prefer that your child's image not be taken at 4-H events, we want to work with you to keep his or her image from being taken. Because there are so many youth involved in the 4-H program, we cannot assure you that your child's image will not be taken. We will ask 4-H staff to honor individual requests. Please visit with your children about your wishes and encourage them to let staff know that they request their images not to be taken. Should an image of your child be made and used against your wishes, please let us know so that we will not use it again in the future.

4-H/MU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local Extension Office or call 573- 882-7430. The University of Missouri - Columbia complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs

Revised June 2007 - Copy form as necessary.

Please continue to the next page! 

Medical Information for Parents

There will be a nurse at camp the entire three day period.

All prescription medications and over-the-counter medications are collected and administered by the camp nurse and MUST be in original bottles with labels and dispensing instructions. Any requiring injections should provide medications, syringes, and written instructions signed by physicians. Please send written instructions with any over-the-counter medication sent with the child if the treatment differs from the label.

Camp will have certain basic over-the-counter medications. The majority of children seen by the nurse require no more than basic first aid or treatment which you provide for your child at home. Common problems the children complain of are headaches and stomachaches. Listed below are medications that will be stocked in the camp nurses station:

- | | |
|---------------------------|--------------------------|
| * Acetaminophen | * Antibiotic Ointment |
| * Antihistamine (Bendryl) | * Maalox Plus |
| * Ibuprofen | * TUMS |
| * Calamine Lotion | * Robitussin Cough Syrup |
| * Skeeter Gel | * Sting Kill |

If you wish to have the nurse dispense any of these medications instead of sending these from home, please complete the form below for dispensing over-the-counter medications.

PERMISSION FOR DISPENSING OTC MEDICATION(S)

Date _____

My child _____ has my permission to take
(camper's name)

- _____ all of the above
_____ all except _____
_____ none of the above as needed while attending 4-H Camp.

Parent's Signature

Over Please



Camper's Name: _____

Family BBQ Sunday Evening

(If multiple children per family, please fill out only 1 BBQ form.)

Are any family members attending the opening Camp BBQ Sunday, June 15?

YES _____ NO _____

If yes, how many? Adults _____ Children (do not count campers) _____

If family members are coming, please bring a vegetable and a dessert.

4-H Camp T-Shirts



This year, thanks to a grant from United Way, each 4-H Camper will receive a camp t-shirt. Please circle the t-shirt size for the child listed above.

Please Circle the t-shirt size you need.

Youth:	Medium (10-12)	Large (14-16)			
Adult:	Small	Medium	Large	X-Large	XX-Large

If there is someone you would like to be in the same group with at camp, please list their name below. We will try to honor as many of these requests as possible, but sometimes there are circumstances that may make this impossible.

Please return these forms and the \$40 camp fee to:

(Check payable: **Perry County 4-H**)

(To avoid the late fee, return by May 21.)

Perry County 4-H
c/o Perry County Extension
321 N Main, Suite 1
Perryville, MO 63775

**Congratulations, you have completed the application form!
We look forward to seeing you at 4-H Camp "FIESTA"!**

