

**4-H Summer Camp - "Down On The Farm"
Personal Health and Registration Form
June 5-9, 2012**

Office Use Only: Payment _____ Cabin _____ Team _____

Name _____ Date of Birth _____
 Home Address _____
 City, State, Zip _____
 Age ____ Sex ____ School grade completed _____
 Name of parent or guardian _____ Home Phone _____ Work phone _____
 Cell Phone _____
 Parent Address _____

Camp Fees: \$175 due May 7 _____
 Late registrations: \$185 May 8-11 (or until camp is full) _____
 Camp Group Photo - Included _____
 Camp t-shirt Included - Size youth -S M L XL Adult - S M L XL _____
 Laser Tag for 6th, 7th, & 8th grade only \$20 (off site) _____
 Canoeing for 6th, 7th, & 8th grade only \$20 (off site) _____
 River Rafting for 3-8th grade \$20 (off site) _____
 * Total Enclosed _____
Camp registration is due May 7. Camp scholarships due May 7
Make check payable to "OSU Extension - Clinton County."

Return the registration & health form, the behavioral expectations form and the camp fees by May 7 to: OSU Extension, 111 S. Nelson Avenue, Suite 2, Wilmington, OH 45177, (937) 382-0901. Additional waivers will be given to members when registration forms are returned to the Extension Office. Scholarship forms are available at the Extension Office.

Please note: Campers and Counselors may not have cell phones at camp. Campers may bring ipods, radios etc. for use in the cabins, but camp is not responsible for lost or stolen items. Campers are not encouraged to have food in the cabin area. Fruit, water and granola bars will be available in the lodge at all times.

Cabin Sign Up:

There will be no cabin sign-up sheet. The camp staff will place all campers by age in cabins with teen counselors. Please have your child list two peers they would like to room with at camp and the camp staff will try to place your child with one of the names.

1) _____ 2) _____

Emergency Information:

If unable to reach parent or guardian in the event of an emergency, please notify:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____
 Name of personal physician _____ Phone _____
 Name of personal dentist _____ Phone _____

In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the camp director in charge, to hospitalize, secure proper treatment for and to order injections, anesthesia, and or surgery for my child, as named above.

Signature of parent or guardian _____ Date _____

Medical Information:

Has your child had an illness or injury within the last 6 months that limited activity for longer than one week? __ Yes __ No (If you check "yes" please schedule an appointment with your physician for an updated medical evaluation. Please provide a statement from your physician).

1. Has your child lost consciousness in the past 12 months during physical activity or had a concussion due to a head injury? ___ Yes ___ No (If you check "yes" please provide a current statement from your physician on the nature and extent of current symptoms).
2. Is your child currently being treated by a physician? ___ Yes ___ No (If you check "yes" please provide a statement from your physician indicating what current treatment is being given).
3. Is your child on a medically prescribed meal plan? ___ Yes ___ No (If you check "yes" please provide a copy of your child's diet to assist our cooks in preparing meals to meet his/her needs).
4. Is there any reason to restrict full activity, including swimming, long hikes, strenuous physical games? ___ Yes ___ No List any conditions limiting full participation (physical or emotional).

Immunizations: Date of last inoculations (Indicate month and year): Tetanus Toxoid

Polio ___ Mumps ___ Diphtheria ___ Pertussis ___ Measles ___ Rubella

* Please note: If your child has not had a tetanus shot in the past 10 years, please schedule an appointment with your physician for your child to receive a tetanus inoculation (or booster) at least two weeks before they attend camp.

Medications:

Is your child taking any medication regularly? ___ Yes ___ No (If you check "yes" a medication release form must be completed including the doctor's signature. No medication, including over-the-counter will be given without this completed form and the medication release form. The completed medication release form must accompany your child to camp. List all medications your child needs to be given while at camp. Send ample supplies in original (child proof) containers with an affixed label including camper's name, name of medication, dosage, method and time of administration. This also includes over the counter medications such as Ibuprofen, Tylenol, etc. __

CHECK MEDICATIONS BELOW, THAT PARTICIPANT MAY RECEIVE IF DEEMED NECESSARY:

___ Non-aspirin pain medication (Advil) ___ Acetaminophen/Tylenol ___ Robitussin Cough Syrup
 ___ Antacids (ex. Rolaids) ___ Antiseptics

I am of the opinion that _____ can participate in the **2012 Clinton County 4-H Camp June 5-9, 2012**. I further declare that he/she has no physical, mental, or communicable conditions that will interfere with participation in this program. I consider his/her health to be:

Poor Fair Good Excellent

Signature of Parent/Guardian _____ Date _____

Allergies:

Any medicines? ___ Yes ___ No Food ___ Yes ___ No Plants ___ Yes ___ No Insect bites ___ Yes ___ No

Explanations: _____

Health History (Past and Present) Please check:

Asthma ___ Yes ___ No Bedwetting ___ Yes ___ No Cancer ___ Yes ___ No Convulsions ___ Yes ___ No
 Diabetes ___ Yes ___ No Fainting ___ Yes ___ No Heart Disease ___ Yes ___ No Hemophilia ___ Yes ___ No
 Kidney Disease ___ Yes ___ No Leukemia ___ Yes ___ No Sleepwalking ___ Yes ___ No

Explanations: _____

Does your child have any special equipment such as orthopedic or handicap devices, glasses, contacts, dentures, retainers? ___ Yes ___ No If so please list them: _____

Does your child have any developmental issues that it would be helpful for camp staff to know about in order to improve your child's safety and camping experience? ___ Yes ___ No

If yes, please explain: _____