2016 4-H Camp
June 13th–June 16th

Join us for...
- Fishing
- SALLY!
- Zip Lining
- Climbing Wall
- Crafts
- Swimming
- Archery
- Riflery
- Nature
- Canoeing
- Fun Foods

A Kentucky Adventure

Camp Fee $186 (A deposit of $25.00 is due with application. For scholarship consideration, application is due May 23) Must be between 9-14 Years Old

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.
Bell County 4-H  
Camper Information Sheet  

Name:_________________________________________ Age:____________________

Address:________________________________________________________________

Telephone Number:________________________________ Gender:________________

School You Attend:________________________________ Grade:________________

T-Shirt Size _____________ (Adult and Child sizes available, please circle)

Parent/Guardian Name(s):___________________________________________________

Place of Parent/Guardian Work:______________________________________________

Work Phone:_________________________ Cell Phone:___________________________

Person other than Parent/Guardian that can be contacted in case of emergency:

Name:________________________________ Phone:__________________________

If you have a friend who will be attending 4-H Camp with you, and you’d like to be in the same cabin, please list his/her name below:

____________________________________________________________________________________

**Scholarship Information**

This information is confidential and will not be released or shared with any outside parties. All scholarship recipients must pay a minimum payment of $25.00.

I need a scholarship for 4-H Camp: _____ Yes OR _____ No

If yes, what is your family’s monthly income (REQUIRED)__________________________

Number of children attending 4-H camp:______________________________

All applicants needing a partial scholarship must have their applications turned in before May 23.
2016 REGISTRATION/HEALTH FORM  
Kentucky 4-H Summer Camp for All Campers

For Office Use Only: County: _Bell_ 
Dates of Camp Attendance: __June 13-16__

Mail this form to the address below by May 31, 2016
Bell County Extension Office
101 Courthouse Square
Pineville, Ky. 40977
606-337-2376

This information on this form is not part of the camper or staff acceptance process, but is gathered to assist in identifying appropriate care. Health history must be filled out by parents/guardians of minors or by adults themselves. Update required annually.

It is required that the Health Exam be completed by approved licensed medical personnel at least every two years. The Medication Form (separate page) must be completed just prior to attending camp.

**CAMPER INFORMATION:**

Camper's Last Name:  
First:  
Middle:

- American Indian
- Asian
- Pacific Islander
- White
- Black
- Hispanic
- Non-Hispanic

Have you attended camp before?
- Yes
- No

For how many years?

School grade (entering):

Birth date: / / Age:  
Sex: M F

Home Address:

Cell phone no.:

Home phone no.:

( )

P.O. Box:

City:

State:

ZIP Code:

Cell/Home Phone:

Custodial Parent/Guardian 1:

Home Address:

Cell/Home Phone:

( )

Custodial Parent/Guardian 2:

Home Address:

Cell/Home Phone:

( )

Emergency Contact:

Address:

Cell/Home Phone:

( )

If not available in emergency notify:

Relationship:

Cell/Home Phone:

( )

**Important- This box must be complete for attendance**

Parent/Guardian Authorizations: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer over the counter medication, assist in administering camper's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including trips out of camp. Photo Use Permission: I grant the Kentucky 4-H Program and the University of KY, and persons acting through them, the right to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of my minor child without compensation for use in promotion/advertising, educational publications, electronic publishing (websites) and personal memorabilia. Campers' names may be published.

*Signature Applies to both consent to treat and photo permission  
*Check "NO" box if Photo Permission is denied

NO

Signature of parent/guardian:

Printed Name:  
Date:
General Questions (Explain "yes" answers below.)*

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<thead>
<tr>
<th>Has/does the Participant:</th>
<th>Y</th>
<th>N</th>
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<tr>
<td>1. Had any recent injury, illness or infectious disease?</td>
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<td>2. Have a chronic or recurring illness/condition?</td>
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<td>3. Ever been hospitalized?</td>
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<td>5. Have frequent headaches?</td>
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<td>6. Ever had a head injury?</td>
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<td>7. Ever been knocked unconscious?</td>
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<td>8. Wear glasses, contacts or protective eye wear?</td>
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<td>9. Ever had frequent ear infections?</td>
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<td>10. Ever passed out during or after exercise?</td>
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<td>11. Ever been dizzy during or after exercise?</td>
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<td>12. Ever had an eating disorder?</td>
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<td>13. Ever had chest pain during or after exercise?</td>
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<td>14. Ever had high blood pressure?</td>
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<td>15. Ever been diagnosed with a heart murmur?</td>
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<td>16. Ever had back problems?</td>
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<td>17. Ever had problems with joints; e.g., knees, ankles?</td>
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<td>18. Have an orthodontic appliance being brought to camp?</td>
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<td>19. Have any skin problems (e.g., itching, rash, acne)?</td>
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<td>20. If female, have an abnormal menstrual history?</td>
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<td>21. Had problems with diarrhea/constipation?</td>
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<td>22. Had mononucleosis in the past 12 months?</td>
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<td>23. Have mononucleosis?</td>
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<td>24. Have diabetes?</td>
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<td>25. Have asthma?</td>
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<td>26. Have a history of bed-wetting?</td>
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<td>27. Ever had seizures?</td>
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<td>28. Ever had emotional difficulties for which professional help was sought?</td>
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**Explanations of “Yes” answers:**

Which of the following has the participant had? Check all that apply:

- Measles
- Chicken Pox
- German Measles
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Tetanus (Required)
- MMR
- Measles (Required)
- Mumps
- Rubella
-
- TB Mantoux Test
- Date of last test: Haemophilus influenza B
- Result: Positive □ Negative □

Health History: The following information must be completed by the parent/guardian, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Medication Allergies: (List all known)

Food Allergies: (List all known)

Other Allergies: (including stings, hay fever, asthma, animal dander, etc.)

Please list any DIETARY RESTRICTIONS that apply to this individual:

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Insurance Information

Is the participant covered by family medical/hospital insurance? □ Yes □ No

** Photocopy of front and back of health insurance card or current state coverage card must be attached to this form. **

If so, indicate carrier or plan name:

Group Number:

Is there any additional information that camp staff should know to help your child be successful and have fun at camp? (Behavioral, physical, emotional, special restrictions, accommodations, etc.)

If your child receives medication during the school year, we strongly urge you to keep your child on this medication during camp unless your medical care professional has indicated otherwise.

Name of family physician: Phone: ( )

Address:

Name of family dentist/orthodontist: Phone: ( )

Address:

Kentucky 4-H Camp will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, or genetic information.

Health Exam for 4-H Camp Attendance REQUIRED WITHIN THE PAST 24 MONTHS PRIOR TO CAMP
To be completed by Licensed Medical Personnel
A copy of a school or sports physical may be attached instead.

I have examined (individual's name) Date (must be within 24 months of camp attendance):

BP: Weight: Height:

In my opinion the above applicant (□ is □ is not) able to participate in an active camp program.

The participant is under the care of a physician for the following conditions:

Any medical treatments to be continued at camp?

Additional information for health care staff at camp:

Signature of Licensed Medical Personnel: LMP Printed Name:

Address:

Phone: ( ) Date:

For County Office Use:

For Camp Use Only

Health History Reviewed by Camp Medical Personnel on: Date
BLACK INK ONLY – STAMPED CLEARLY

Revised 12.12.15

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CAMP MEDICATION POLICY 2016
(For parents’ information)
HW-14 & 19

➢ A medication form must be completed for any person bringing prescription medication to camp.

➢ All prescription medication MUST be in its original container. This is a state law.

➢ Medications should be brought to the bus pick up site in a clear plastic bag with the camper’s name on it. The medication form must also be inside the clear plastic bag.

➢ Parents should send only the number of pills the camper will need for the camp session.

➢ Medication may only be given to the person whose name is on the prescription medication container. Medications CANNOT be shared by siblings unless both names are on the container.

➢ If a camper’s prescription has changed and the directions on the medication bottle are different from the correct instructions, the parent must include a note from the physician (on his/her letterhead) with the correct instructions for taking the medication. The medication cannot be given without the physician’s note.

➢ If a camper must keep an inhaler or epi pen with them during the camping session, the parent should provide a backpack or other item in which to securely store them while participating in classes. Camp cannot be responsible for lost inhalers or epi pens. A physician’s note confirming the camper’s meds be kept with them should be included in the medication baggie.

➢ For campers who require special medical treatments, IV’s, blood sugar tests, insulin, etc. a trained assistant or the camper will be responsible for this care. Our health care provider is not allowed to administer these special treatments.

➢ Camp provides a variety of over the counter medications for general use, e.g. cough syrup, Benadryl, sting ease, etc. If a parent wants aspirin given to their child, it must be sent with the child. Camp does not administer aspirin to anyone less than 18 years of age. If the parent wishes to send a specific brand name over the counter medication, they may do so. A medication form must be completed for the camper for this medication.

Reviewed 12/17/2015
4-H Summer Camp Medication & Prescription Form 2016

Participant’s Name: ____________________________ Age: ___ Weight: __________

Camp: ____________________________ County: ____________________________ Cabin Number: __________

**INSTRUCTIONS:** The following must be completed for each medication brought to camp that is to be taken by your child during 4-H camp. Please list medications **in the order** in which they are to be taken. **This includes inhalers.** Fill in the name and dosage (as listed on the container) for each medication, along with any special instructions (take with food, etc.). Please place a ✓ in the appropriate Day/Time slot under the parent column for when medicine should be administered. Or check mark As Needed next to Dosage if appropriate. **PLEASE SEND ONLY THE NUMBER OF PILLS YOUR CHILD WILL NEED FOR THE CAMP SESSION IN THE ORIGINAL CONTAINER(S).** (HCP will initial as medication is given.)

**PLEASE LIST** any medications that should be kept with the participant all times (i.e. EpiPen, inhaler):

1. **Prescription Name:** ____________________________ **Dosage:** ____________________________ **As Needed:** ✓

   **Special Instructions:**

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<tr>
<th>Breakfast</th>
<th>Noon</th>
<th>Dinner</th>
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<td>Parent ✓</td>
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2. **Prescription Name:** ____________________________ **Dosage:** ____________________________ **As Needed:** ✓

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**Parent Declaration:** I, ____________________________, as the parent or legal guardian of ____________________________, in the event that my directions differ from those on the original container, understand that I must obtain a note from the prescribing physician confirming the directions that should be followed in administering medications to my child. Furthermore, I understand that if there are any questions or concerns, I may be contacted at (H) __________________ (Cell) __________________.
Participant Name: 

3. Prescription Name: _______________________________ Dosage: ___________________ As Needed: (✓)

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4. Prescription Name: _______________________________ Dosage: ___________________ As Needed: (✓)

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5. Prescription Name: _______________________________ Dosage: ___________________ As Needed: (✓)

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ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS

Revised 12/17/2015
HW 5 & PD – 6
FELTNER 4-H CAMP
LAKE CUMBERLAND 4-H EDUCATIONAL CENTER
NORTH CENTRAL 4-H CAMP

2016 ACTIVITY RELEASE FORM
AGREEMENT TO PARTICIPATE, ASSUMPTION OF RISK INDEMNITY AGREEMENT, AND RELEASE OF LIABILITY

PRINT PARTICIPANT'S NAME ___________________________ PRINT NAME OF GROUP ___________________________

Instructions: Read page one for disclosure of perceived risks involved with the Kentucky 4-H Camping program carefully. For parents with children 17 & under, initial specialized activities that you would like to be available to your child. Each participant and parent must sign this agreement before the program begins. Without all appropriate signatures, the individual will not be permitted to participate in these programs.

I understand that my/my child’s participation in the Kentucky 4-H Summer Camping Program is based on the “challenge by choice” philosophy. I recognize that programs are designed to use experiential, engaging teaching techniques, but that my/my child’s participation is purely voluntary, at all times, and I/my child will choose my/this or her level of participation in any activity. By signing this form at the bottom of page 2, I am giving permission for my child to participate in classes that he/she may enroll in and other general camp activities. I will indicate below any specialized activities that my child has permission to participate in if he/she enrolls.

I understand that the employees and/or independent contractors of the Kentucky 4-H Camp and the University of Kentucky have received training and will attempt to protect the physical and emotional safety of myself/my child. I acknowledge that during programs that participants have requested to participate in, certain risks and dangers may occur. These include, but are not limited to the hazards of physically demanding activities, aquatic activities, exposure to wild life, accidents or illness in remote places without medical facilities and the forces of nature. I further understand that these risks may include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents, which may occur. I further understand that participants in the selected programs will be exposed to the elements of nature, including temperature extremes and inclement weather.

Specialized Activities

HIGH AND LOW ROPE CHALLENGE COURSE ACTIVITIES:
I understand that climbing, high ropes, ground initiatives and other activities in the High Ropes Course entail certain risk. These include but are not limited to inclement weather; loss or damage to personal property; accidents resulting from climbing, swinging, jumping and other types of outdoor activities; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.

SHOOTING SPORTS
For the purposes of summer camp, “Shooting Sports” will include any and all activities involving guns, ammunition, bows or arrows. I understand that these activities have specific inherent risks. These risks include but are not limited to: inclement weather; loss or damage to personal property; injury resulting from misfires, ricochets, dry fires with a bow, and other shooting accidents; the hazards of accidents in a relatively remote area; unforeseeable acts of nature and the emotional effects of being in perceived risk.
PARENTAL CONSENT FOR CHILDREN 17 & UNDER FOR SPECIALIZED PROGRAMS
My initials next to a given activity serve as my permission for my child to participate in that specialized activity while attending 4-H Camp. Lack of initials should be assumed as no permission being granted for participation in that activity.

Shooting Sports
(Initial Here)

Low Ropes Challenge Course
(Initial Here)

High Ropes Challenge Course
(Initial Here)

HAVING READ THE PRECEDING INFORMATION ON PAGE ONE OF THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF PERCEIVED RISKS INVOLVED WITH THE CAMPING PROGRAM. I UNDERSTAND THESE RISKS FOR MYSELF/MY CHILD, AND I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK INVOLVED IN MY/MY CHILD’S PARTICIPATION AND DO HEREBY RELEASE THE KENTUCKY 4-H CAMP AND THE UNIVERSITY OF KENTUCKY AND ITS MEMBERS, TRUSTEES, OFFICERS, EMPLOYEES, INDEPENDENT CONTRACTORS, VOLUNTEERS AND AGENTS FROM ANY AND ALL LIABILITY, DAMAGES, COST AND EXPENSES ARISING OUT OF OR RELATING TO BODILY OR PSYCHOLOGICAL INJURY, LOSS OF LIFE OR PERSONAL PROPERTY THAT MAY OCCUR AS A RESULT OF PARTICIPATING IN THIS PROGRAM.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I understand and agree that by executing this form that I waive and release any and all claims that I might have as a result of my/my child’s participation in this program.

I have either attended camper orientation, or been informed of leader/camper expectations by my county extension agent and agree to follow the guidelines as presented.

Signature of Participant (Required) __________________________ Signature of parent/guardian (Required if participant is under 18)

Age of participant: __________________ Date: ____/____/____

Address __________________ City __________________ State Zip Code __________________

Person to be contacted in case of an emergency:

Name __________________ Relationship to participant __________________

Home Phone ______________ Business Phone _______________ Cell Phone: __________________

Reviewed 12/17/2015
PICK-UP/RELEASE FORM

This form must be completed or your child will not be permitted to attend 4-H Summer Camp.

I, the parent/guardian/foster parent of ___________________________ have read, understand and agree to the following. My child will return from 4-H camp on June 16 _______ at 4:30 p.m. The bus will unload at ___ First Presbyterian Church in Pineville______.

It is my responsibility to arrange to pick-up my child/children upon her/his return from camp at the above time.

There will be no exception to this policy regardless of relationship to the child. Please inform everyone approved by you on this release that he/she must present a valid driver's license or photo ID before the child will be released. IF A CAMPER'S PARENTS ARE SEPARATED OR DIVORCED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF A KENTUCKY COURT ORDER TO THE CONTRARY, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE ACCESS TO THE CAMPER.

CAMPER NAME: ___________________________ COUNTY: ___________________________

FATHERS NAME: _______________ CELL PHONE: ( ) _______________________

HOME PHONE: ( ) ___________________ WORK PHONE: ( ) _____________________

MOTHERS NAME: _______________ CELL PHONE: ( ) _______________________

HOME PHONE: ( ) ___________________ WORK PHONE: ( ) _____________________

If applicable, the custodial parent is: ___________________________.

The camper named above has my permission to be picked up by person(s) listed below. I understand my child cannot be picked up from the campgrounds by anyone except his/her guardians unless they are on this list.

NAME: ___________________ RELATIONSHIP: ___________________ Phone/Cell#: ___________________

NAME: ___________________ RELATIONSHIP: ___________________ Phone/Cell#: ___________________

NAME: ___________________ RELATIONSHIP: ___________________ Phone/Cell#: ___________________

My child has permission to walk home from the Camp bus drop-off site. I understand that this permission may be rescinded due to special conditions (bus arrives after dark, bad weather, etc.), and that I will be contacted if this occurs.

Signature: ___________________ Date: ___________________

When a camper is not picked up or when no one listed above is present to pick up a camper, the camper will be turned over to local child protection authorities.

BY SIGNING THIS, I ACKNOWLEDGE THAT I HAVE READ ALL THE ABOVE INFORMATION RELATED TO PICKING UP MY CHILD WHEN HE/SHE RETURNS FROM 4-H CAMP, AND I HAVE INSTRUCTED MY CHILD THAT HE/SHE IS TO LEAVE WITH NO ONE UNLESS LISTED ABOVE. HE/SHE ALSO HAS BEEN TOLD TO REPORT IMMEDIATELY TO THE AGENT IF THE DESIGNATED PERSON(S) IS/ARE NOT PRESENT AT THE TIME THE BUS ARRIVES.

SIGNATURE: ___________________ DATE: ___________________

RELATIONSHIP TO THE CHILD: ___________________

Reviewed 11/24/2014