



Welcome to the 4-H Arts Camp Program!

Your participation in all scheduled programs, contributions to sessions, and friendly attitude will make this an exceptional four and a half day experience. You will meet new people, explore new ideas, share your interests, and speak out on issues that matter to you.

What is Camp about?

Participants will explore many art mediums during the course of the program. Some mediums include, but are not limited to: Photography, Fashion/Sewing, Drawing, etc.

Who, when and Where?

The day camp will take place at the UMEPGC Clinton Office (6707 Groveton Dr. Clinton, Maryland 20735), July 10 - 14, 2023 from 8am - 4pm. Youth between the ages of 8-13 are allowed to participate.

What to Bring?

Participants are asked to bring a lunch with them. Leave items of value at home. The program will not be responsible for items lost/stolen during camp. Dress for camp is fun wear, clothing that may get dirty due to program activities. Please be sure that everything you bring to camp is clearly marked with your name.

Transportation

Parents/Guardians of participants will be responsible for providing transportation to/from this program.

Reasonable Accommodation

A reasonable accommodation is a modification or adjustment to a program that will enable a person who has a disability to participate and/or benefit from the program. Maryland 4-H is committed to providing reasonable accommodation for youth and adults to participate in this 4-H event. If you wish to request accommodation, please contact Ariel Delgado (adelgad2@umd.edu) by **Friday June 30, 2023** with your requests so that appropriate accommodations can be made.

What Not To Bring to Camp

*Weapons (knives, guns, etc.)

*Electronics or other items of value (cell phones may only be allowed for communicating with parents/guardians prior to or at the conclusion of the day)

FEES and CHARGES

Total Camp Fee per camper (Ages 8-13) \$100.00.

- ❖ **Registration & Payment Deadline: Friday, June 30, 2023.** All paperwork must be completed and submitted to our office prior to camp. Any youth that does not have all required paperwork completed **WILL NOT** be allowed to go to camp – **NO EXCEPTION!**

DETAILS:

Only Cash, Checks and Money Orders will be accepted! AT THIS TIME ELECTRONIC PAYMENT WILL BE ACCEPTED Please make checks or money orders payable to: **University of Maryland**

CANCELLATION AND REFUNDS:

A two (2) week cancellation notice is required! Cancellation and refund request on both partial and fully paid registrations are subject to a \$25.00 cancellation fee per person. **NO EXCEPTIONS! (if a special accommodation is needed please reach out to our office)**

Questions - If you need additional information about camp please contact Ariel Delgado (adelgad2@umd.edu, 301-868-9636)

The University of Maryland Extension programs are open to all citizens without regard to race, color, sex, handicap, religion, age, national origin.

The Department of Parks and Recreation encourages and supports the participation of individual with disabilities. Please contact the facility at least two weeks in advance of the program start date to request accommodation (i.e. sign language interpreter, support, etc.)



Registration Packet

Completed Registrations may be via email to: adelgad2@umd.edu
Payment can be sent to:
University of Maryland Extension
Attn: 4H Youth Development
6707 Groveton Drive
Clinton, MD 20735

Camper's Name: _____ Age: _____ DOB: _____
Parents/Guardian's Full Name: _____ P/G Email: _____
P/G Phone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Ethnicity of Participant (Please Circle): Hispanic or Latino Non-Hispanic or Latino

Race of Participant (Please Circle):

- American Indian/Alaska Native Asian (includes India & Middle East) Black/African American
Native Hawaiian/Other Pacific Islander White Two or more races

Reasonable Accommodation Request (Please Read and then Circle Response):

A reasonable accommodation is a modification or adjustment to a program that will enable a person who has a disability to participate and/or benefit from the program. Maryland 4-H is committed to providing reasonable accommodation for youth and adults to participate in this 4-H event.

I Request accommodation I do NOT request accommodation

I have read all information started in this brochure from camp management and I agree to all the terms stated above.

Parents/Guardian Signature

Date



A goal of the Maryland 4-H Program is to provide opportunities for children and youth to build character. Maryland 4-H supports the CHARACTER COUNTSSM six pillars of character: **TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP**. In order to ensure Maryland 4-H programs provide positive environments for all individuals to learn and grow, 4-H participants agree to abide by these expectations of behavior:

- ✿ I will be **TRUSTWORTHY**. I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities, and I will not cheat, lie, knowingly give false information, or be dishonest in any other way. I will follow through on commitments I make and responsibilities I accept. I will not engage in illegal or unethical behavior.
- ✿ I will be **RESPECTFUL**. I will show respect, courtesy, and consideration to everyone, including other program participants, those in authority, and myself. I will act and speak respectfully. I will not use vulgar or abusive language or cause physical, mental, or emotional harm. I will dress in a manner that is appropriate, tasteful, and respectful for youth. I will take care of property and facilities and will not intentionally cause harm or damage. I will appreciate diversity in skill, ability, gender, ethnicity, family, and personal beliefs. I understand that Maryland 4-H does not tolerate statements or acts of discrimination or prejudice.
- ✿ I will be **RESPONSIBLE**. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I accept my personal responsibility to be informed of and follow policies, rules, and procedures of Maryland 4-H and 4-H events or activities in which I participate. I will be accountable for my choices and actions and I will take responsibility for any mistakes or misconduct in which I participate.
- ✿ I will be **FAIR**. I will be just, fair, and open-minded. I will participate in events by following the rules, not taking advantage of others, and not asking for special exception or consideration. I will demonstrate good sportsmanship and will accept the final outcome of events and contests.
- ✿ I will be **CARING**. I will be caring in my relationships with others. I will be kind and show compassion for other people and living things. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members of my group to have a good experience by striving to include everyone.
- ✿ I will be a **GOOD CITIZEN**. I will be a contributing and law-abiding member of the organization, community, and society. I will not use illegal or illicit substances such as tobacco, alcohol, or drugs. I will not act in a manner that is threatening, harassing, demeaning, or violent toward others, and I will not use technology or media to promote such actions. I will be respectful to the environment and contribute to the greater good. I will promote a spirit of inclusion by welcoming individuals from all backgrounds in my club and community. I will positively represent Maryland 4-H by holding myself to the standards of the 4-H Pledge and Motto.

SMCHARACTER COUNTS! Is a service mark of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.





Youth Code of Conduct:

Maryland 4-H expects youth participating in programs to behave in an acceptable manner and in accordance with the Maryland 4-H Code of Conduct outlined on the reverse of this document. 4-H participants who engage in unacceptable conduct are subject to discipline. Youth behaviors that are unacceptable under the Code of Conduct include, but are not limited to:

- Possession, use, or distribution of alcohol and/or illegal or illicit drugs
- Possession or use of weapons or dangerous materials
- Possession or use of tobacco products, including smokeless tobacco, e-cigarettes, smokeless “vaping” devices, and/or other nicotine delivery devices.
- Misuse of prescription or non-prescription drugs or substances
- Sexual activity
- Lying, cheating, misrepresenting project work, or other unethical practices
- Unauthorized absence from program site
- Physical, verbal, emotional, or mental abuse of, or threats toward, another person
- Theft, destruction, or abuse of property
- Use of electronic devices and/or social media to bully, demean, harass, or threaten another person
- Use of technology to create, transmit, post, or willingly receive unacceptable content such as that containing profanity, advocacy of use/possession of alcohol or drugs, violence, sexual misconduct, nudity, etc

Maryland 4-H Disciplinary Policy and Procedures:

Youth associated with or participating in Maryland 4-H are expected to conduct themselves in a manner consistent with the standards of integrity, sportsmanship, and responsibility associated with the 4-H Youth Development program. Youth who fail to observe these standards may be dismissed or removed from 4-H activities, events, or programs, and may be subject to sanctions or disciplinary action up to and including termination of membership. Incidents or issues that may subject a youth to disciplinary action will be managed as follows:

1. The local 4-H Educator will notify the youth and parent/guardian in writing of the nature of the unacceptable conduct, the potential consequences, and the process that will take place.
2. The youth will be offered the opportunity to present their view or explanation by participating in an in-person meeting, presenting a written statement, or both. The youth’s parent/guardian will be present for any in-person communication. Written communication must be presented by the youth, with assistance from a parent/guardian as appropriate.
3. The 4-H Educator, in consultation with the local A/CED, will consider all presented matters and determine the appropriate resolution. The youth will be notified in writing of the 4-H Educator’s decision and any sanction(s) to be imposed.
4. If the youth wishes to appeal the 4-H Educator’s decision, they may do so in one of two ways:
 - a. The youth may request a Review Committee to evaluate the 4-H Educator’s decision and make recommendations to the State 4-H Program Leader.
 - b. The youth may appeal directly to the State 4-H Program Leader.

The youth’s request for appeal must be made in writing.
5. The State 4-H Program Leader will review the appeal and notify the youth of his/her decision in writing. The State 4-H Program Leader’s decision is final.

The Maryland 4-H Disciplinary Policy may be viewed in full on the Maryland 4-H Website.

BEHAVIOR PLEDGE

I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I am aware that my actions and decisions affect me and others and that poor actions or decisions may result in my loss of privileges for current and future 4-H programs. I will accept the appropriate and logical consequences of my actions, as determined by Maryland 4-H.

4-Her’s Printed Name

4-Her’s Signature

Date

As the parent/guardian of _____, I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I will support and uphold these principles, and will model positive behavior for my child and other 4-H youth and families. I will support the individual in charge of maintaining appropriate behavior at 4-H programs, events, and activities. I agree to accept the appropriate and logical consequences of my child’s actions as determined by Maryland 4-H and the University of Maryland Extension.

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

Date





EVENT NAME: Prince George's County 4-H Arts Day Camp

EVENT DATE(S) & LOCATION: July 10 - 14, 2023; UMEPGC Clinton Office (6707 Groveton Dr. Clinton, MD 20735)

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Contact with animals that may be associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. I understand that the personal belongings in possession or control of youth participants of this event are subject to search and confiscation by 4-H faculty/staff or designated volunteers for the health and safety of youth participants and other persons, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within. Items subject to search include, but are not limited to: clothing, bags, purses, luggage, computers and/or electronic devices, assistive devices, vehicles, and their contents. Spaces assigned for personal use at this event, such as sleeping quarters, lockers, etc. are under 4-H control at all times and are also subject to search as described above. Search of property/space owned, possessed, or occupied by an adult will be conducted by law enforcement personnel, if necessary. Law enforcement personnel may always conduct lawful searches for law enforcement purposes.



5. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.
6. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
7. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS I/MY CHILD CANNOT PARTICIPATE.

- 4-H Youth
 - Adult (over age 18)
- Participant's Status

Printed Name of Participant

Participant's Signature

*Printed Name of Parent/Guardian

*Parent/Guardian's Signature

Date

****PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***



Maryland 4-H Publicity Release - Youth

The Maryland 4-H Program and the University of Maryland often use images of “4-Hers in action” to promote programs and activities, recognize achievement, and share the fun of 4-H. Maryland 4-H members and adults may be photographed or videotaped at 4-H events on the local, state, and national level. Images identifying 4-H youth will not be publicized without permission of a parent/guardian, which must be indicated in the 4-Her’s current year 4-H Online record. This permission must be renewed annually, at member re-enrollment.

In publicly sharing photographs and video of 4-H events, Maryland 4-H takes reasonable steps to protect youth’s privacy and safety. Such actions may include identifying 4-Hers only by first name and county or club affiliation, or by not specifically naming photo/video subjects. In some cases older 4-Hers who have earned high awards or recognition may be identified by full name such as for a press release or interview. Photos or video of 4-H youth will be posted by Maryland 4-H **ONLY** to official 4-H, UME, and University websites or social media accounts. Images will not be sold.

If you choose to decline use of your child’s image for promotional purposes Maryland 4-H, UME, and the University of Maryland will not share photos or video **featuring** your child. Your child’s image may still appear in group or action/activity photos, but s/he will not be specifically identified or named.

PUBLICITY RELEASE

I give my permission to Maryland 4-H, University of Maryland Extension (UME), and the University of Maryland College of Agriculture and Natural Resources (AGNR) to create, use, and publish photographic or video images of my child for educational and promotional purposes. These images may be exhibited publicly or privately, including posting to official 4-H and University of Maryland websites and social media accounts. I understand I will receive no compensation for use of these images.

4-Her’s Printed Name

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

Date

DECLINATION

I do NOT give permission to use photographs or videos featuring my child for promotional or educational purposes.

4-Her’s Printed Name

Parent/Guardian’s Printed Name

Parent/Guardian’s Signature

Date



Cell Phone Statement

At Prince George's County 4-H Camps, we have always had a “no cell phone” policy. Due to potential liabilities, enforcement of this policy is crucial to our continued camp success. Aside from the fact that cell phones are expensive and can get lost or stolen and that the physical camp environment is not kind to such items, there is a fundamental problem with campers having cell phones at camp, and that is trust. When children come to camp they—and you—are making a leap of faith, transferring their primary care from you as their parents to us and their counselors. This is one of the growth-producing, yet challenging aspects of camp. As children learn to trust other caring adults, they grow and learn, little by little, to solve some of their own challenges. We believe this emerging independence is one of the greatest benefits of camp. It is one important way your children learn to become resilient. Contacting you by phone essentially means they have not made this transition. It prevents us from getting to problems that may arise and addressing them quickly. Sending a cell phone to camp is like saying to your child that you as the parent haven't truly come to peace with the notion of them being in our care.

You can help by talking with your child before they leave for camp and telling them that there is always someone they can reach out to; whether it is a counselor, a trusted activity leader, the head counselor or even the director. We are here to help, but if you don't trust us, they certainly won't.

It is important to understand why cell phones are not only disruptive but can lead to other situations. Cell phones that are cameras can be used to take pictures in cabins that might accidentally catch another camper indisposed. That picture can then be sent out via picture mail, posted to Facebook, etc. That is not a situation that the camper, their parents or us as a camp staff want to happen. This is just one of the possible situations that can occur if you allow your child to bring a cell phone to camp.

Any cell phone that is brought to camp and will be collected and held until the end of the week and **WILL NOT BE RETURNED** until the buses are being boarded. Disciplinary action may be taken depending on the circumstances.

I, _____, have read the above information and agree not to bring a cell phone to camp. I understand that if I am seen with a cell phone during any part of my time at camp, it will be collected and held until the end of the week. This could affect whether or not I will be asked to participate in camp the following year as a leader.

Signature of Camper

Signature of Parent/Guardian

your child will not be permitted to participate unless this form is signed and on file with camp staff



MARYLAND 4-H CAMP HEALTH FORM

Current Photo Of Camper	Camper's Name: _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 20%; text-align: center;">First</small> <small style="display: inline-block; width: 10%; text-align: center;">MI</small> <small style="display: inline-block; width: 20%; text-align: center;">Nickname</small>			
	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to State		Camp Dates: _____ to _____ <small style="display: inline-block; width: 40%; text-align: center;">MM/DD/YYYY</small> <small style="display: inline-block; width: 40%; text-align: center;">MM/DD/YYYY</small>	
			Age at Camp Arrival: _____ Birthdate: _____ <small style="display: inline-block; width: 40%; text-align: center;">MM/DD/YYYY</small>	
	Home Address: _____ <small style="display: inline-block; width: 20%; text-align: center;">Street Address</small>			
	_____ <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 15%; text-align: center;">ZIP</small> <small style="display: inline-block; width: 20%; text-align: center;">County</small>			
School Attended: _____ County: _____ <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other				
School Address: _____ <small style="display: inline-block; width: 20%; text-align: center;">Street Address</small> <small style="display: inline-block; width: 20%; text-align: center;">City</small> <small style="display: inline-block; width: 15%; text-align: center;">State</small> <small style="display: inline-block; width: 10%; text-align: center;">ZIP</small>				

PARENT/GUARDIAN or Other Person to be Notified in case of Injury or Illness:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

Home Address: _____
if different from camper Street Address
City
State
ZIP

SECOND PARENT/GUARDIAN or Other Emergency Contact:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

ADDITIONAL CONTACT in event parent/guardian or others cannot be reached:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

HEALTH CARE PROVIDER CONTACTS	Name:	Phone:
Primary Care Physician:	_____	_____
Dentist:	_____	_____
Other (Specify):	_____	_____

HEALTH INSURANCE: Is camper covered by health/medical insurance? Yes No

Insurance Company: _____ Phone Number: _____
 Policyholder's Name: _____ Policy Number: _____

Attach photocopy of insurance card; be sure to copy both sides of card so information is readable

CAMPER HEALTH SUMMARY	
(Camp Use - See additional pages for detailed health history)	
<input type="checkbox"/> Camper has mild/moderate allergies <input type="checkbox"/> Camper has severe allergies that require immediate medical attention: _____ <input type="checkbox"/> Camper carries an Epi-pen, inhaler, or other emergency device: _____	<input type="checkbox"/> Camper takes daily medication <input type="checkbox"/> Camper has dietary needs or restrictions <input type="checkbox"/> Camper has physical limitations or disability <input type="checkbox"/> Camper has personal issues/needs: _____



IMMUNIZATION CERTIFICATION

State in which camper attends school: _____

Date of last Tetanus immunization: _____ Is camper exempt from any immunizations? Yes No
List: _____

CERTIFICATION: I certify my child has received and is up-to-date on all immunizations required for school attendance in the state where they attend. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

GENERAL HEALTH HISTORY

Check "Yes" or "No" for each statement. Explain "yes" answers in space below.

Has/does the Camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have a recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis (mono) in the last month? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. If female, had problems with period/menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with falling asleep or sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had a recent head injury or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have problems with diarrhea or constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Wear contact lenses, glasses, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have any other condition or issue not listed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "yes" answers in the space below, noting the question number. For travel outside the country, list countries visited and dates of travel.

ALLERGIES

No known allergies Allergic to: Foods Medicines Environment Other (Circle all that apply & describe below)

What is camper allergic to? (Specific) _____ What is the typical reaction seen? _____ What is treatment is needed? _____

Attach additional pages if needed

DIET/NUTRITION Eats regular diet Lactose intolerant Other (Please explain below)
 Eats regular vegetarian diet Glucose intolerant

Notes about camper's diet/nutrition:

MENTAL, EMOTIONAL, AND SOCIAL HEALTH

Check "yes" or "no" for each statement.

- Has the camper:
- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? YES NO
 - Ever been treated for emotional or behavioral difficulties or an eating disorder? YES NO
 - In the past 12 months, seen a professional to address mental/emotional health concerns? YES NO
 - Had a significant life event that continues to affect the camper's life?
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc) YES NO
 - Is this the camper's first time away from home/family for an overnight event? YES NO

Please explain "yes" answers in the space below, noting the number of the question. Attach additional pages if needed. The camp may contact you for additional information.

ADDITIONAL INFORMATION:

Please provide any additional information about the camper's health or well-being you think may be important for staff to know or that may affect the camper's ability to fully participate in the camp program. Attach additional pages if needed.

RESTRICTIONS:

- I have reviewed the program and activities of the camp and feel the Camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the Camper can participate with the following restrictions or adaptations (please describe):

AUTHORIZATION FOR PARTICIPATION, TREATMENT, AND RELEASE OF LIABILITY

I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains. I hereby give permission for medical personnel selected by University of Maryland Extension (UME) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by UME to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named above to participate in all program activities except as specified herein. This completed form may be copied for trips out of camp and/or away from the program site. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the State of Maryland, University of Maryland, and University of Maryland Extension and/or their officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

Signature of Adult Camp Participant: _____ **Date:** _____

MEDICATIONS

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Campers who will take daily medications, vitamins, supplements, etc. while attending this 4-H Camping Program must complete the **Medication Administration Authorization Form**, which must be signed by **BOTH** the Camper's Parent/Guardian and the prescribing Physician. Campers who will take daily medications must bring their own supply of prescription or non-prescription medications, and the supply must be provided by an adult to the Camp Staff upon arrival. See pages 5-6 for the Medication Administration Authorization form and further instructions.

Check the applicable statement below:

- Camper **WILL NOT** bring/take daily medication(s), vitamins, or supplements while attending camp.
- Camper **WILL** bring/take daily medication(s), vitamins, or supplements while attending camp.*
**Medication Administration Authorization Form is required*

CAMP HEALTH CENTER MEDICATIONS & REMEDIES

The Camp will stock certain non-prescription medications and remedies in the Camp Health Center that may be used on a **one-time or limited as-needed basis** to manage minor illness and injury. Dosages of these medications and remedies will be administered according to directions on the label unless the Camper's Parent/Guardian provides written direction provided for alternate dosage or use. Check the boxes below to select which medications/remedies from the Camp Health Center you authorize the Camp Staff to administer to your Camper, according to general labeling instructions. Note any alternate use/dosage directions in the comments below, specifying **EXACTLY** which medication/remedy may be used other than as directed, and how it may be used for your Camper.

<input type="checkbox"/> Acetaminophen (i.e. Tylenol)	<input type="checkbox"/> Antihistamine/allergy medicine	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Ibuprofen (i.e. Motrin, Advil)	<input type="checkbox"/> Pseudoephedrine decongestant (i.e. Sudafed)	<input type="checkbox"/> Cough drops
<input type="checkbox"/> Naproxen/NSAID (i.e. Aleve)	<input type="checkbox"/> Guaifenesin cough syrup (i.e. Robitussin)	<input type="checkbox"/> Antibiotic cream
<input type="checkbox"/> Pepto-Bismol (for upset stomach/diarrhea)	<input type="checkbox"/> Sore throat spray	<input type="checkbox"/> Insect repellent/Bug Spray
<input type="checkbox"/> Immodium (for diarrhea)	<input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (i.e. Benadryl)	<input type="checkbox"/> Aloe gel or cream (for sunburn)
<input type="checkbox"/> Laxative (for constipation – i.e. Ex-Lax)		<input type="checkbox"/> Calamine Lotion

Comments:

I give permission for UME-designated Camp Health Supervisor/Monitor to administer the medications and remedies listed above. I understand the medications/remedies maintained at the Camp Health Center are only for one-time or limited-time use, and will not be provided to my Camper on a long-term or continuing basis. I understand the medications/remedies will be administered according to label directions unless I specifically directed otherwise in the "Comments" section above.

Signature of Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM MARYLAND 4-H CAMPS

This form must be FULLY completed and signed by both the Camper's Parent/Guardian and Physician for Camp Staff members to administer the required medication, or for the Camper to self-administer medication. A new Medication Administration Authorization Form must be completed at the beginning of each camp season, or any time there is a change in dosage, use, or administration of a medication. Unless updated sooner, this form is valid for one year from the date of Physician's signature. All medications or substances authorized by this form must be handled as follows:

- **Prescription medications** must be in original pharmacy container, labeled with the Camper's name, name of medication, dosage, frequency of administration, prescription number, and prescribing physician's name and phone number. Medication label information must match the information and instructions provided on this form.
- **Non-prescription medications, vitamins, and supplements** must be in original container with instructions for use on label.
- Containers must contain **exactly enough** medication for Camper's use during scheduled duration of the Camp (**NO "extras"**)
- An **adult must bring the medication to Camp** and give the medications to an adult staff member. Multiple medication containers for one Camper should be collected in a clear plastic bag labeled with the Camper's name.
- Campers who are **authorized to self-carry/self-administer medication** (such as inhaler, insulin, Epi-pen, etc) may carry the medication to Camp but must, in the presence of a responsible adult, show it to an adult Camp Staff member when checking in

CAMPER TAKES THE FOLLOWING MEDICATIONS ON A DAILY OR ROUTINE AS-NEEDED BASIS:

(Include all prescription medications and non-prescription medications, vitamins, supplements, etc. supplied by the Camper)

Name of Medication	Dates Taken	Reason for Taking	Times Taken & Dosage	Route (oral, topical, etc)	Special Instructions/Side effects *Note if Emergency Medication	Can Camper Self-Administer? <i>(see reverse for policy)</i>

**Copy this page if more space is needed. Physician must sign EACH PAGE listing medications.*

 Physician's Signature

 Physician's Name/Title

 Physician's Phone

 Date Signed

Physician's Address Stamp

OVER - Additional signatures required on reverse

MEDICATION AUTHORIZATION: I request the authorized Camp Staff to administer medication or supervise the Camper in self-administration if authorized, as prescribed by the Physician. I certify that I have legal authority to consent to medical treatment for the Camper named above, including the authority to consent to administration of medication. I understand that my camper should bring EXACTLY the amount each medication required for the duration of the Camp, in properly-labeled containers. However, further I understand that if any medication remains at the end of the authorized period it must be picked up by an adult, otherwise it will be discarded. I authorize Camp personnel to communicate with the prescriber as allowed by HIPAA.

Signature of Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY MEDICATIONS

This section should be completed if medication is approved for self-administration and/or self-carry by the Camper under supervision of a Camp Staff member. **“Self-administration”** means the Camper is able to take/apply the medication without assistance, but under supervision of a Camp Staff member. **“Self-carry”** means the Camper may carry the medication with him/her during Camp activities. Self-carry of medication by Campers is permitted only for emergency medications such as inhalers, insulin, epinephrine, etc. Unless noted as “self-carry,” all self-administered medications will remain under control of Camp Staff designee and dispensed according to the listed schedule.

All self-administered and self-carry medication must be listed on the reverse of this form. **Both the Physician and the Parent/Guardian must consent** to self-administration and/or self-carry by the Camper. However, Maryland youth camp operators are not required to permit self-administration or self-carry by Campers.

AUTHORIZATION: I consent that the Camper named above is able to self-administer the medication(s) as listed on the reverse of this form. I authorize self-administration of the listed medication(s) by the Camper under the supervision of an authorized Camp Staff member. If indicated below, the Camper may self-carry emergency medication and self-administer as necessary.

Emergency medication(s) authorized for SELF-CARRY by Camper (must also be listed on reverse of this form):

Signature of Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

PHYSICIAN AUTHORIZATION

 Physician's Signature

 Physician's Name/Title

 Physician's Phone Date Signed

Physician's Address Stamp