

## 4-H Camp Ohio Participant/Member Health History

This form must be completed for each participant. Minors must have the form completed and signed by parents/guardians. This information will be kept confidential and used only for the welfare of the participant.

Date \_\_\_\_\_ County \_\_\_\_\_

Please Circle:  Male / Female  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone (Home) \_\_\_\_\_ Guardian's Work Phone \_\_\_\_\_

### In case of Emergency Contact:

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Other Person \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

### INSTRUCTIONS FOR MEDICATIONS

1. 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. Others will not be accepted.
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director.

### CHECK MEDICATIONS BELOW THAT PARTICIPANT MAY RECEIVE IF NECESSARY:

Acetaminophen \_\_\_\_\_ Benadryl \_\_\_\_\_ Caladryl \_\_\_\_\_ Calamine \_\_\_\_\_ Chloraseptic \_\_\_\_\_

Claritin \_\_\_\_\_ Epi-Pen \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Immodium \_\_\_\_\_ Insect Repellent \_\_\_\_\_

Maalox \_\_\_\_\_ Milk of Magnesia \_\_\_\_\_ Neosporin Ointment \_\_\_\_\_ Robitussin DM \_\_\_\_\_

Silvadene Cream \_\_\_\_\_ Sudafed \_\_\_\_\_ Sunscreen \_\_\_\_\_

### LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO:

Chicken Pox \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Date of Last Menstrual Period \_\_\_\_\_

Operations or Serious injuries requiring medical treatment (specify) \_\_\_\_\_

### CHECK BELOW IF PARTICIPANT IS SUBJECT TO:

Headaches \_\_\_\_\_ Fainting \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Constipation \_\_\_\_\_

Convulsions \_\_\_\_\_ Frequent Sore Throats \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Athlete's Foot \_\_\_\_\_ Sinusitis \_\_\_\_\_

Sleep Walking \_\_\_\_\_ Ear Infections \_\_\_\_\_ Epileptic Seizures \_\_\_\_\_ Home Sickness \_\_\_\_\_ Bronchitis \_\_\_\_\_

Cramps \_\_\_\_\_ Asthma Controlled (Yes/No) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

(Please See Other Side)

**CHECK IF PARTICIPANT IS ALLERGIC TO:**

Foods (specify) \_\_\_\_\_  
 Medication: Prescription or non-prescription drugs (specify) \_\_\_\_\_  
 Serious Ivy, Oak or Sumac Poisoning \_\_\_\_\_  
 Bee or Insect Stings \_\_\_\_\_ Prescribed Treatment \_\_\_\_\_

**LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (contact lenses, braces, diabetes, panic/anxiety disorder, eating disorder, physical or any other special needs that require medication, treatment, or special restrictions or considerations in participation).**  
 Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Specify Any Restrictions in Activities: \_\_\_\_\_

**IMMUNIZATION RECORD**

Please record the date (month & year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	
Pertussis (whooping cough) (DPT)	2	1
Tetanus or	3	2
Tetanus (TD)		
Diphtheria		
Tetanus		
Oral Polio (Sabin) (TOPV)		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Hemophilus influenza b (HIB)		
Hepatitis		

**PARENT/GUARDIAN MEDICAL RELEASE**

\_\_\_\_\_ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand the 4-H staff and volunteers, Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

I give permission to The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio to use photographs, voice and video images of the participant named above and photographs, voice and video images of any activities in which the participant is involved in any and all public awareness programs of The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All educational programs and activities conducted by Ohio State University Extension are available to all potential clientele on a nondiscriminatory basis without regards to race, color, creed, religion, sexual orientation, national origin, sex, age, handicap, or Vietnam-era veteran status.*

## Emergency Medical Authorization for Participants Under 18 Years of Age

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under 4-H Camp Ohio and sponsoring agency authority, when parents or guardians cannot be reached.

### Part I or II – Must be Completed

#### Part I (To Grant Consent)

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone#) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone#) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (Preferred physician) at \_\_\_\_\_ (phone#) or Dr. \_\_\_\_\_ (Preferred dentist) at \_\_\_\_\_ (phone#) or in the event the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Address: \_\_\_\_\_

#### Part II (Do not complete Part II if you completed Part I)

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish 4-H Camp Ohio and the sponsoring agency authorities to take no action or to

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Address: \_\_\_\_\_

## Carving New Ideas Counselor Code of Conduct

This Code of Conduct is an agreement to be accepted and followed by all counselors who participate in the Carving New Ideas Camp sponsored by the Collegiate 4-H at The Ohio State University. The Code of Conduct shall guide volunteers' behavior during their involvement with this camp. A volunteer's involvement with the Carving New Ideas Camp is a privilege and a responsibility, not a right. Those who violate this Code of Conduct will be reprimanded as seen fit by the Committee Co-Chairs of the camp and any relevant laws.

The primary purpose of this Code of Conduct is to insure the safety and well being of all program participants (i.e. members, their parents and families, professionals, and volunteers). Volunteer counselors are expected to function within the guidelines of Ohio State University Extension and Ohio 4-H.

Carving New Ideas counselors will:

- ◆ Promote and uphold volunteerism in all activities for the duration of the camp.
- ◆ Uphold an individual's right to dignity, self-development, and self-direction.
- ◆ Accept supervision and support from professional staff while involved in the program.
- ◆ Accept the responsibility to represent the Collegiate 4-H program with dignity and pride by being positive mentors for the youth with whom they work.
- ◆ Conduct themselves in a courteous and respectful manner, exhibit good sportsmanship and provide positive role models for all youth.
- ◆ Respect, adhere to, and enforce the rules, policies, and guidelines established by their individual programs and Ohio State University Extension.
- ◆ Not engage at any time in abusive behaviors that physically, verbally, or emotionally threaten or harm any person (campers, other counselors, camp staff, etc.) or fail to provide the basic necessities of care, such as food or shelter to members or participants.
- ◆ Not commit a felonious act.
- ◆ Comply with all civil rights laws and policies, including but not limited to O.S.U. Extension equal opportunity, anti-discrimination laws, and program participant protection policy.
- ◆ Perform all duties in a responsible and timely manner as outlined in the job description.
- ◆ Report immediately any threats to the volunteer's emotional or physical well being to the Committee Co-chairs of this camp.
- ◆ Not intentionally or purposefully place themselves in a position alone with a member of a vulnerable population, in a one-on-one situation, including, but not limited to, sharing sleeping quarters one-on-one with non-related members and/or participants.
- ◆ Volunteers will endeavor to provide safe and healthy programs for all participants. In cases of illness or injury, participants will be treated on-site by the appropriate health care provider or taken to an appropriate health care provider if necessary, when a legal parent, guardian or caregiver is not available for consultation.

*I have read and understand the Code of Conduct policy outlined above. I understand and agree that any act or omission on my part that contradicts any portion of these standards is grounds for immediate suspension and/or termination of my volunteer status with the Collegiate 4-H at The Ohio State University.*

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Signature

Date