

MEMORANDUM

To : Parents Interested in 4-H Summer Camp:

From : Racquel McNeil
Extension Agent
4-H Youth Development

Date : January 10, 2013

Re : 2013 4-H Summer Camp



Mecklenburg County 4-H is recruiting campers for this summer's week of 4-H Summer Camp. This year, we will be camping at the Easter 4-H Center in Columbia, NC the week of July 28 – August 2, 2013. Camp is open to any youth ages 8-12 years old. The cost for camp is \$500 which includes transportation, lodging, meals, store \$, insurance and all program fees.

You can register for 4-H Summer camp by completing and returning the enclosed 4-H Summer Camp registration form with your camp payment.

Enclosed are several additional items for your assistance. I have compiled a list of "What to Bring" and the departure details. Please look this over thoroughly as you plan to pack items for 4-H summer camp. A brochure about Millstone 4-H Center has been enclosed for your reference. The following forms are also enclosed:

1. The **Health History and Custody Release Form** must be completed by a physician and signed by a parent/guardian AND NOTARIZED. Note that a photocopy of your insurance card is needed.
2. The **4-H Enrollment Form** must be signed by the parent and the camper.
3. **4-H Photo Release Form** – signed by camper and parent/guardian.

These forms may be returned to Attn: Mecklenburg County 4-H Summer Camp, 1418 Armory Drive, Charlotte, NC 28204. We must receive all forms no later than July 15, 2013.

We will have a 4-H Camper and Parent Orientation Meeting on **Tuesday, July 9 at the 4-H Office (1418 Armory Drive) at 6:30 p.m.** At this meeting, parents and campers will have the opportunity to meet each other as well as myself. We will also detail the camp week and share any final needs.

We still have most of our 26 spaces available for campers (13 male and 13 female). If you know of anyone interested ages 8-12, please have him or her contact the 4-H office for more details.

Please call me if you have any questions or need additional information about the 4-H summer camping experience.

Enclosures: Health History & Custody Release Form 4-H Photo Release Form
What to Bring to 4-H Camp 4-H Enrollment Form
2013 4-H Summer Camp Brochure



4-H Enrollment Form



Name of 4-H Group/Unit: _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ Grade: _____ School Attending: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group*: A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian Asian
- Black or African-American Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native Other _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.

_____ I agree to allow 4-H to take photographs of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

_____ I do not wish for 4-H to take photographs of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: _____.

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*



For office use only 4-H Membership # _____ Date entered: _____



**North Carolina 4-H and Mecklenburg County 4-H
Photographic, Video, and Audio
Optional Publicity Release**

I **do** _____ **or do NOT** _____ give permission to North Carolina State University, through its Cooperative Extension program for North Carolina 4-H, and Mecklenburg County Extension staff, to take photographs and/or record video and/or audio or otherwise record images and likenesses of me and/or my property and to use these for 4-H Youth Development nonprofit educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I expressly release North Carolina State University, its agents, employees, licensees and assigns from and any and all claims which I may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings of my image, voice, or likeness.

I understand this permission is entirely optional, and that participants who do not give permission will remain eligible for 4-H services, benefits, and privileges the same as those who do give permission.

Participant Name (please print): _____

Participant Signature: _____ Date: _____

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian signature: _____

Parent/Guardian name (please print): _____

Signature: _____ Date: _____

**NC Department of 4H Youth Development
Health History and Custody Release**



4-H Group / County: Mecklenburg

Year: 2013

Camper Name: _____

Last Name

First Name

Middle Initial

Birth Date ____/____/____ Age at Camp _____ Gender: Female Male Email: _____

Address: _____

Street

City

State

Zip Code

Custodial Parent/Guardian Name: _____ Phone: (____) _____

Second Parent/Guardian or Emergency Name: _____

Address: _____ Phone: (____) _____

If not available in an emergency, notify (Name): _____

Relationship: _____ Phone: (____) _____

Health History

The following information must be filled in by the parent/guardian, or adult camper or staff member. Update required annually. Health exam must be completed by an approved licensed medical personnel within 24 months of participation. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Important – These boxes must be complete for attendance

Parent/Guardian Authorization: This health history is correct and complete as far as I know. 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 prescribed medications, and seek emergency medical treatment including ordering x-rays or 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 me/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 hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian, or adult camper/staffer: _____

Printed Name: _____ Date: _____

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult camper/staffer: _____ Date: _____

MEDICATIONS

Please list **ALL** medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medications as follows:

Med#1 _____ Reason _____ Dosage _____ Time taken _____

Med#2 _____ Reason _____ Dosage _____ Time taken _____

Med#3 _____ Reason _____ Dosage _____ Time taken _____

Med#4 _____ Reason _____ Dosage _____ Time taken _____

This person may take the following medications as needed:

Aspirin Tylenol Ibuprofen Benadryl Pepto-Bismol Other _____

Known allergies to foods, drugs, insect stings or bites, etc: _____

Restrictions - The following restrictions apply to this individual:

Dietary

- Does not eat red meat
- Does not eat pork
- Does not eat eggs
- Does not eat poultry
- Does not eat dairy products
- Does not eat peanut products
- Other (describe) _____

Camp is full of challenge by choice activities including a number of physical and emotional challenges. Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): _____

General Questions (Explain "yes" answers.)

Has/does the participant:

1. Had any recent injury, illness or infectious disease?	Yes	No	13. Ever had high blood pressure?	Yes	No
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had joint problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have any skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	20. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have problems sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever been dizzy/passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have a history of bed wetting?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever had seizures	<input type="checkbox"/>	<input type="checkbox"/>	23. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain "yes" answers, noting the number of the questions. _____

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc: _____

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test Date of last test _____
 Result: Positive Negative

Please give dates of immunization for:
(Immunization records may be attached to this form)

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____
Polio	_____	_____	_____	_____
MMR	_____	_____		
or Measles	_____	_____		
or Mumps	_____	_____		
or Rubella	_____	_____		
Haemophilus influenza	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be made aware. _____

Name of family physician: _____ Phone: (____) _____
 Address: _____
 Street Address *City* *State* *Zip Code*

Name of family dentist/orthodontist: _____ Phone: (____) _____
 Address: _____
 Street Address *City* *State* *Zip Code*

Health Care Recommendations by Licensed Medical Personnel

I examined this individual on _____ BP_____ Wt_____ Ht_____

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

Restrictions/Recommendations: _____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency) _____

Additional information for health care staff at camp: _____

Signature of Licensed Medical Personnel: _____ Date: _____

Printed: _____ Title: _____
 Address: _____ Phone: (____) _____
 Street *City* *State* *Zip Code*

Screening Record: For camp use only Date _____ Time _____

Meds received _____

Updates/additions to Health History _____

Current Health needs identified _____

Screened by _____

Custody Release: You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, _____, to be allowed to leave the 4-H Camp at the conclusion of the camping program. My child will be released into the custody of:
 Mecklenburg County 4-H

 (Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave the Camp before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

 (Emergency contact or other individual authorized to pick up your child)

For Camp Use Only: Camper picked up by: _____ Staff Signature _____



**4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR
TREATMENT FOR NC 4-H SPONSORED EVENTS**



PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST HAVE A NOTARIZED SIGNATURE AND BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information (Pages 1 and 2)

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company _____

Health Insurance Policy # _____

Company Address _____

Company Telephone Number (____) _____

III.

If you are a person with a disability and desire any assistive devices, services, or other accommodations to participate in this activity, please contact the offices of Sertoma 4-H Educational Center at (336) 593-8057 during business hours of 8:30a.m. to 5:00p.m. to discuss accommodations at least one business week prior to activity.

Signatures Acknowledging Parts I, II, III

Parent's/Guardian's Signature _____ Date: _____

Participant's Signature: _____ Date: _____

Parent/Guardian telephone #: Home: (____) _____ Work: (____) _____

IV. Informed Consent

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, 4-H will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born, _____
(Name of 4-H youth participant)

_____. I authorize any adult(s) acting as agents (including official volunteers) *(Youth participant birth date)* or employees of the 4-H program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper for the health care of the minor child including, but not limited to, the power (1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (2) to consent to and authorize any health care including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining, procedures.

This consent shall be effective for one year from the date of execution.

Custodial Parent Signature _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____ *(month)*, _____ *(year)*,
_____ personally appeared before me the named,
_____, to me known and
(Parent/Guardian)

known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission Expires: _____, 20 _____

_____, *Notary Public*
Signature

Printed Name

(OFFICIAL SEAL).

Eastern 4-H Center

July 28 – August 2, 2013

LEAVE: SUNDAY, JULY 28
BUS LEAVING TIME: 7:00 AM

RETURN: FRIDAY, AUGUST 2
ARRIVAL TIME: 5:00 PM (APPROXIMATELY)

BRING A BAG LUNCH. WE WILL STOP AT A REST AREA FOR LUNCH OUTSIDE OF RALEIGH.

LIST OF THINGS YOU MUST BRING:

- 1) FORMS must be turned in on or before July 15, 2013.
____ Health History & Custody Release Form (signed by physician AND notarized)
____ 4-H Enrollment Form
____ 4-H Photo Release Form
- 2) MONEY
Campers will NOT need to bring money to camp. Mecklenburg County 4-H is sponsoring camp store funds for each camper.
- 3) CLOTHES
____ Comfortable, casual clothes (blue jeans, shorts, T-shirts, etc.)
____ Long pants - at least one pair of jeans.
____ Tennis shoes. (sandals or flip flops optional for pool & showers ONLY).
____ Socks - at least five pairs.
____ Two bathing suits.
____ Water shoes or old sneakers for use in lake while canoeing & swimming. These **MUST** be worn.
____ Raingear - poncho, raincoat, etc. **NO UMBRELLA.**
____ Plastic trash bag or pillow case for dirty clothes.
- 4) LINENS
____ Sleeping bag (recommended) or twin bed sheets.
____ Pillow.
____ Towels and washcloths.
- 5) TOILET ARTICLES
____ Soap.
____ Toothbrush & toothpaste.
____ Shampoo.

6) MEDICATION(S)

_____ Medication must be in its ORIGINAL container.

_____ Place all medications for each individual camper in a zip-lock bag and give to Racquel McNeil at time of departure.

7) OTHER ITEMS

_____ Sunscreen lotion.

_____ Flashlight.

_____ Insect repellent.

_____ Camera & film (optional, mark it with your name).

8) DO NOT BRING: Radio/iPod/mp3 player, knife, squirt guns, balloons, walkie-talkies, cell phones, portable gaming systems, expensive jewelry, cash.

9) BRING A GOOD ATTITUDE.

Be ready to meet new friends, and try new things. Camp is fun, and will be more pleasant for everyone, if you are cheerful, helpful and cooperative.

GENERAL INFORMATION:

CAMP ADDRESS "Camper's Name", ATTN: "County Name"
Eastern 4-H Center
100 North Clover Way
Columbia, NC 27925
(Write your child at camp - "mail-call" is more fun
when you get something - NO CARE PACKAGES).

CAMP PHONE 252-797-4800 (Emergencies only, please).

HOUSING There are three cabins with a capacity of 20 campers each.
There are also lodges that house eight campers per room.
Toilets & showers are located in the cabins and lodges.
There will be 2 counselors in each lodge and cabin.
Agents/volunteers will stay in the staff house.

CLASSES A variety of classes will be held each day,
Including aquatics, environmental studies, teambuilding,
canoeing, kayaking, crafts, cooperative games/ropes,
archery, sports, nature and swimming.
Special activities will include a talent show,
banquet and dance.