



4-H Rural Life Center

Camper Summer Camp Application



Attach Photo Here

Camper Name _____ Birth Date _____ Age at Camp _____ Gender _____
Last First Middle

Home Address _____ County _____ Grade _____
Street City State Zip

Nickname to be used at camp if different from above _____ Email Address _____

Camp Name(s) _____ Camp Number(s) _____ Camp Date(s) _____

Parent or Guardian: _____	Second Parent or Guardian: _____
Address: _____	Address: _____
Home Phone / Cell / Work _____	Home Phone / Cell / Work _____

Emergency Contact (Other than Parent/Guardian) Name / Relationship _____ Phone _____

Health History

The following information must be filled in by the parent/guardian. Update required annually. Health exam must be completed by approved licensed medical personnel within 12 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.

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. Please turn over all medications to the camp health personnel while attending camp.

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 _____

General Questions (Explain "yes" answers.)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	13. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	24. Ever been found to have any mental disorder?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Special medical, mental, psychological, dietary or physical concerns or restrictions: _____

Family Physician Name: _____
Address: _____ Telephone: _____

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

Family Dentist Name: _____
Address: _____ Telephone: _____

Please give dates of immunization for: (Attach Shot Record)

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)	_____	_____	_____	_____

Health Care Recommendations by Licensed Medical Personnel

I examined (camper name) _____ on _____. BP _____ Wt _____ Ht _____
In my opinion, the above applicant is is not able to participate in an active camp program and all activities.

Restrictions/Recommendations:

Signature of Licensed Medical Personnel _____ Date _____

Printed _____ Title _____

Address _____ Phone _____

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 _____.

(Names of **All 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 can not be reached, I hereby give permission for my child to be released into the custody of _____.

(Emergency contacts or other individuals authorized to pick up your child)

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

In the event that the camper needs minor medical care from 4-H personnel 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 read and sign the informed consent form as follows:

I authorize the 4-H Rural Life Center personnel to do any acts which may be necessary or proper to provide for the health care of the above named camper including, but not limited to, the power to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care and to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentist, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

It may be necessary to bill the family's insurance company. Please provide the following information:

Insurance Company: _____
Address: _____
Insurance Policy #: _____
Telephone Number: _____

Field Trip Permission – The above name camper has permission to go on any field trip(s) planned as part of the summer 4-H program.

Photograph Release – I, the undersigned, hereby authorize the 4-H Rural Life Center to use photographs, videos, or other recordings which I have voluntarily allowed to be taken by representatives. I understand that such use may include, but shall not be limited to, publications, slide shows, displays, or videos. I hereby waive any right to which I or my heirs may otherwise be entitled by law to assert against the 4-H Center on account of injury sustained by my reputation arising from causes of action including, but not limited to libel, slander, defamation of character and invasion of privacy as a result of such publications and hereby release the 4-H Rural Life Center and it's personnel from any liability on account of such injury.

4-H Code of Conduct and Disciplinary Procedure – Please refer to the following internet link to obtain a copy and understanding of this policy and have the camper sign below after reading it stating he / she agrees to be bound by it.
<http://www.nc4h.org/centers/4hcodeofconduct.pdf>

Camper's Personal Property – Neither the 4-H Center nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring electronic devices or any other expensive items.

Damage – Parents will be responsible for and pay for any damage done by the camper either alone or with others.

No One is to leave camp without the prior permission of the Camp Director.

Telephone usage is for authorized emergencies only and should only be used with the permission of the Camp Director.
****Cell phones are not permitted at camp without prior permission of the Camp Director.****

I have read and understand this entire form and agree that to the best of my knowledge it is true and correct and to be bound by all contained within.

Camper Name (Please Print): _____ Camper Signature: _____ Date: _____	STATE OF NORTH CAROLINA, COUNTY OF _____ On this _____ day of _____, 20____, _____, personally appeared before me the said named, _____, to me known and 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.
Parent / Guardian Name (Please Print): _____ Parent / Guardian Signature: _____ Date: _____	My commission expires _____, 20____
(OFFICIAL SEAL)	_____ Notary Public _____

Please fill out completely and sign this application and mail it to:

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839
252-583-1821

