Welcome to 4-H Cloverbud Day Camp!

We are excited to offer this opportunity to our youngest 4-H'ers. Counselors and staff have some exciting programming planned.

- **Take time to REVIEW THE ENTIRE 4-H Cloverbud Day Camp Packet.** It will make check-in less stressful and insure that your child has what they need for a fun and safe experience.
- **Bring your child(ren) to 4-H Cloverbud Day Camp with ALL THE Required Paperwork Completed.**
- **Questions: Contact 4-H Educators**
  Clark: Patty House, 937-398-7599 house.18@osu.edu or Jeremy Elleman, 937-398-7606, elleman.30@osu.edu
  Madison: Laura Koenig, 740-956-5052, koenig.540@osu.edu

4-H Cloverbud Day Camper Packing List

- Swim Suit - please have them wear under their clothes to speed up changing for activities & pool
- Swim Towel and Flip Flops for Pool
- Wear Sneakers for Hiking and Games
- Sunscreen and Insect Repellent
- Water Bottle with Name On It
- Change of Clothes
- Hat and/or Sunglasses
- Sweatshirt or Jacket (if needed)

June 7 Cloverbud Day Camper Check-In and Check-Out Process:

- **Turn in Camper Paperwork and Sign Camper Into Cloverbud Day Camp** at the Lodge from 1 PM to 1:30 PM.

  Required for All: Health Form
  If Applicable to the Participant: Immunization Exemption, Restricted and/or Early Release Form(s)

- **Meet Cloverbud Day Camp Nurse**
  Paula Harris Copley, RN
  Turn in any special medications that your child might need while at camp (epi pen, inhaler, etc.)

- **Pick-Up and Sign-out Your Cloverbud Day Camper at the Pool at 7:30 PM.**
  Make sure you take home all the items you sent with them and camp items made or received.

Camp Location: 4-H Camp Clifton is located about 10 miles south of Springfield (about 1 mile west of the village of Clifton) on Clifton Road, just off St. Rt. 72.

4-H Camp Policy!

We look forward to you coming to ***Cloverbud Chaos Day Camp!*** Counselors and staff have a great program planned.

clark.osu.edu

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OSU Extension, Clark County 4-H Youth Development educational programs provided with major support from the Clark County Commissioners: Sasha Rittenhouse, Charles Patterson , Greg Kaffenbarger

What Do All the 4-H Camp Forms Mean?

⇒ Ohio 4-H Health Statement Form:

In order for your child to stay at camp, be given any medications (prescription or over the counter) or receive any type of treatment for illness or injury, you must **ACCURATELY COMPLETE, SIGN and TURN IN at Camp Check-In the Ohio 4-H Health Statement Form.** You will be able to discuss any special medication conditions or needs with **Paula Harris Copley our camp nurse at check-in.** You are required to attach a photo to this form. Please use a school photo or a recent photo! **This form also includes an Emergency Medical and Informed Consent/Camp Program Release and a Photo and Video Release.**

- **PRESCRIBED MEDICATIONS:** List all medications your child must take while at camp. List dosage and time medication is to be given.
- **OVER-THE-COUNTER MEDICATIONS:** List any special over the counter medications you are sending to camp for your child to take. Check any over-the-counter medications your child is allowed to be given by the nurse if needed to treat illness. **If you don't check them or list them, they CAN NOT BE GIVEN.**
- **ALLERGIES OR SPECIAL NEEDS:** Provide written detail about any allergies or special needs, so we can best address these at camp. Please attach additional pages to your camper's health form if needed.
- **CAMPERS WITH ASTHMA INHALER OR EPINEPHRINE PEN:** Campers must have written consent from a doctor for the camper to carry either of these with them, otherwise it will have to be kept with the Camp Nurse. Please attach doctor's written permission to your camper's health form.

⇒ Early Release Form:

- Complete if your camper is leaving camp early for a pre-arranged situation.
- If a family emergency arises, call 937-398-7599 (Patty), 937-398-7606 (Jeremy) or 937-479-2364 (Laura) to arrange for an early release.

⇒ Restricted Release Form:

- Complete, if someone other than you, his/her parent/legal guardian, is picking up your camper.
- List the person(s) authorized to pick up your camper.
- We will require proof of identification, before we release the child to them. Ask them to bring a photo I.D. (driver's license) to show at sign-out.

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THE OHIO STATE UNIVERSITY EXTENSION

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CFAES

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only forthe welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED! Attach Picture (for I.D. purposes only)

Participant/Member Information:

Name: _____ (Last) (First) (Middle)			
Address: _____ (Street) (City) (State) (Zip)			
Home Phone:	County:		
Date of Birth:	Male/ Female	Age (today):	

Emergency Contact Information:

Parent/Guardian Name:	Cell Phone:	Email:
Other Contact/Relationship:	Cell Phone:	Email:
Other Contact/Relationship:	Cell Phone:	Email:
Physician:	Phone:	
Dentist:	Phone:	

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox_____ Measles_____ Whooping Cough _____

Tuberculosis_____ Mumps_____ Other Communicable Diseases _____

Immunization/Vaccine Record:

☐ To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Instructions for Medications:

- 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. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.
- If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.
- All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:

Last Name_____First_____

Check below if the participant is subject to any of the following conditions:

☐ Asthma Controlled? yes/no	☐ Bronchitis	☐ Cramps	☐ Fainting	☐ Heart Trouble	☐ Seizures	☐ Sore Throat
☐ Athlete's Foot	☐ Constipation	☐ Diarrhea	☐ Frequent Colds	☐ Home Sickness	☐ Sinusitis	☐ Other? _____
☐ Bed Wetting	☐ Convulsions	☐ Ear Infections	☐ Headaches	☐ Kidney Trouble	☐ Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Check below if the participant displays any of the following behaviors:

☐ Abusive to Others	☐ Easily Distracted	☐ Manipulative	☐ Self Abusive	☐ Withdrawn/Shy
☐ Bites	☐ Hyperactive	☐ Mood Swings	☐ Severe Fears (Please comment) _____	☐ Behavior Plan in Place (please attach a copy or description)
☐ Easily Discouraged	☐ Inappropriate Language	☐ Runs Away	☐ Short Attention Span	☐ Other? _____

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp. This includes any restrictions for participation in activities:

☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
☐ I have dietary restrictions (describe below).
☐ I have limited mobility (e.g. crutches, cane, etc.).
☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
☐ I require the use of medical equipment that needs electricity (describe below).
☐ I have medical needs or accommodations that would limit my ability to fully participate in the scheduled program/activity (describe below).
☐ I require other accommodations not listed above (describe below).
☐ I do NOT require any special accommodations (none of the above apply to me).

_____

_____

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

_____

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

☐ Acetaminophen (ex: Tylenol)	☐ Antibiotic Ointment (ex: Neosporin)	☐ Dramamine	☐ Poison Ivy Medicine (ex: Calamine Lotion)
☐ Aloe Lotion	☐ Cough Syrup/Drops	☐ Ibuprofen (ex: Advil, Motrin)	☐ Sore Throat Medicine
☐ Antacids (ex: Maalox, Tums)	☐ Decongestant (ex: Sudafed)	☐ Insect Repellent	☐ Sun Screen
☐ Antihistamine (ex: Benadryl, Claritin)	☐ Diarrhea Medication (ex: Imodium)	☐ Laxative (ex: Milk of Magnesia)	☐ Swimmer's Ear Medicine
☐ Antiseptics			

Last Name_____First_____

Liability Release for Camp/Program

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR):_____

ADDRESS: _____

ACTIVITY NAME: **2026 Cloverbud Day Camp** _____

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H Clark County

LOCATION: 4-H Camp Clifton, 2256 Clifton Road, Yellow Springs, OH 45387

DATE(S): START DATE: June 7, 2026 END DATE: June 7, 2026

DESCRIPTION: Participants in the **2 0 2 6 Cloverbud Day Camp** program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts thesafety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: sleeping in accommodations provided by 4-H, ziplining and other harnessed/adventure activities (high ropes, cargo net, rock wall, rappelling, flying squirrel), recreational games (basketball, nine square, volleyball, and gaga ball), water activities (fishing, creeking, swimming, canoeing, kayaking, corcl, paddleboarding, water games, dunk tank), other adventure activities (hiking, hatchet throwing, archery, shooting sports), large and small group games, team challenges, reflections, dancing, campfires/outdoor cooking, singing, flag ceremonies, talent shows, sessions/workshops, outpost, group living.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENTOR INTENTIONAL ACT OR OMISSION.

Participant Signature: _____ Date:_____

Print Name: _____

_____ Date: _____

Authorizing Signature of Parent/Legal Guardian if

Participant is under 18 years of age

Print Name: _____

Last Name_____First_____

Photo, Video Release, and Authorization

My child,_____plans to participate in ***2026 Cloverbud Day Camp*** programming through Ohio 4-H, taking place ***June 7, 2026***. I acknowledge that during this programming, my child may have their image and or voice captured through photo, audio or video recording. For good and valuable consideration, the receipt of which is hereby acknowledged, I irrevocably consent to and authorize The Ohio State University, OSU Extension, Ohio 4-H, 4-H Camping Facility, and its affiliates, agents, successors and assigns ("OSU") consent to use the videotape and photographs of my child, and recordings of his/her voice, conversations, sounds, name, image and likeness, captured during and in connection with my child's participation in **2026 Cloverbud Day Camp** in all types of media and for all lawful purposes.

I hereby grant all rights to OSU to use the results of such videotaping, photography and recording in perpetuity, throughout the world to: (1) reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose; and (2) grant others the right to reproduce, distribute, use, and display all or any portion of the Video in any manner and in any medium and for any purpose. I give permission to OSU Extension/ Ohio 4-H to publish, post or print in the newspaper, on a website, via social media channels/platforms, or other media methods, my child's name and/or image to celebrate and promote accomplishments they may achieve through participation in this program.

I further agree that OSU may use and permit others to use my child's name, voice, image, and likeness captured during this activity in any medium and in the promotion, advertising, sale, publicizing OSU and Ohio 4-H throughout the world, an unlimited number of times in perpetuity. I hereby waive any right of inspection or approval of the use of my child's voice, conversation, sounds, image and likeness. I acknowledge that OSU will rely on this grant of rights and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights granted hereunder.

Please select ONE option:

☐ YES, I give permission to the photo, video release, and authorization.

☐ No, I do not give permission to the photo, video release, and authorization.

_____ _____

Authorizing Signature of Parent/Legal Guardian if participant is under 18 years of age

Date

_____ _____

Print Parent/Guardian Name

Print Full Name of Participant

Ohio State University Extension is part of The Ohio State University College of Food, Agricultural, and Environmental Sciences.

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Bloir, K., Epley, H.K. Updated 10/2024

Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of _____, state that my child would like to participate in the 4-H Camp, 2026 Cloverbud Day Camp, June 7, (4-H Camp Clifton) and has not received the following immunizations:

( ) Diphtheria / Tetanus / Pertussis
( ) Polio
( ) Measles/Mumps/Rubella
( ) Hepatitis B
( ) Haemophilus Influenza Type B
( ) Varicella (Chicken Pox)

My child has not received the immunizations above because: _____

_____

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

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Updated 2/25/15

Clark County 4-H Camp
Early Release

(Approve by Administrative Cabinet 10/95)

4-H Early Release Form

I,_____, hereby authorize only the person(s) listed
(Parent/Legal Guardian)

below to Pick up _____ during
Child/Children Name(s)

Clark County 4-H Camp. We expect to pick up this child/children at _____ on
Time

_____ at _____ on _____,
Date *Time* *Date*

or not return.

**Name(s) or person(s) authorized to pick up my child:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

If my pick-up plans change, I understand that I must call 4-H Camp Clifton at (937)767-7552 or call the 4-H Extension Educators to make different arrangements.

_____ _____
(Signature of Parent/Guardian) *(Date)*

** The person(s) listed above who picks up your child must be identified by your child to a camp director before your child will be released in their care. They must also have to sign here indicating that your child has left with them

Signature of Person Picking up Child:_____

Relationship to Camper:_____

Please Turn This Form In at Camp Registration & Check-In!

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CFAES COLLEGE of FOOD, AGRICULTURAL and ENVIRONMENTAL SCIENCES

Clark County 4-H Camp
Restricted Release (Optional)

If you need to restrict who picks up your child, you must do so in writing and bring this form to registration. We understand that there are situations where parents have a need to restrict who will pick up their child at the end of a program. This form is not necessary for most campers. Your son or daughter will not be released to anyone other than you unless you complete and submit this form.

Note: Campers with restricted release situations will meet person(s) picking them up.

4-H Restricted Release Form

I,_____, hereby authorize only the person(s) listed below to
(Parent/Legal Guardian)

pick up _____ _____ during
(Child/Children Name(s)
Clark County 4-H Camp.

**Name(s) or person(s) authorized to pick up my child:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

If my pick-up plans change, I understand that I must call 4-H Camp Clifton at (937)767-7552 or Call the 4-H Extension Educator(s) to make different arrangements.

_____
(Signature of Parent/Guardian) *(Date)*

** The person(s) listed above who picks up your child must be identified with a photo I.D. (driver's license) by your child to a camp director/volunteer before your child will be released in their care. They must also have to sign here indicating that your child left with them

Signature of Person Picking up Child:_____

Relationship to Camper:_____

Please Turn This Form In At Camp Registration & Check-In!

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