

December 19, 2023

Dear 4-H Camp Counselors & CIT's:

The Camp Counselor Overnighter will be held at the Enon Knob Prairie Church at 203 W. Main Street in Enon on Wednesday, Dec. 27 beginning at 5 PM and ending on Thursday, Dec. 28 at 7 AM. We will be having pizza or subs or chicken strips for dinner. If you have any special dietary needs or food allergies, please contact Patty or Holly by Tuesday, Dec. 26.

YOU WILL NEED TO BRING!

- Sleeping Bag/Blanket & Pillow
- Snack to share for munchies and board games, cards, music, etc. Do not bring any energy drinks!
- White Elephant Gift for exchange age appropriate and not valued at more than \$15.
- Completed and signed Health Participant Form enclosed - Must Bring Completed with You or You Don't Stay!
- A Restricted and/or Early Release Form is enclosed for completion if someone other than a parent/guardian is taking you home from the overnigher or if you must leave prior to the 7 AM release time on Dec. 28.

Goals for this counselor overnigher are to:

- **Create a Strong Camp Counselor Team** –Activities focused on building our people skills – creative problem solving, confidence, perspective, accepting differences and more. Come ready to play and learn together for developing a strong camp counselor team.
- **Team Building Activities** – Spend some time together learning about each other as well as learning get acquainted, group mixers and more. If you have a favorite team building, get acquainted or group mixer you would like to teach, please let us know.
- **Camp Fun** – Enjoy workshops, campfire, inspiration, flags and much more just like at camp. Let the fun begin and the creativity flow.

Bring some board games, cards and music for some late-night recreation and more team building fun. We understand that some may not be able to attend or may only be able to attend a portion of the overnigher, but we look forward to a productive team building environment for those that can participate.

If you have any questions, please feel free to contact us – Patty's cell 614-296-2862 or Holly's cell - 937-605-8896

Sincerely,

Patty House

Patty House
4-H Extension Educator
house.18@osu.edu
937-398-7599

Holly Hogan

Holly Hogan
Co-Camp Director
hhogan@gisaoh.org
937-605-8896

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 for the 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:		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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:



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

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> 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:

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

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- ☐ 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 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:

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

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below. I understand that my child must follow the *Ohio 4-H Code of Conduct*; consequences for *Code of Conduct* violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

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 program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that 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.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

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.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions (*attach additional documentation, if needed*): _____

Photo, Video Release, and Authorization

My child, _____ plans to participate in _____ (*insert activity*) programming through Ohio 4-H, taking place _____ (*insert dates*). 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 _____ (*insert activity*) 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 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.

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

Date

Print Parent/Guardian Name

Print Full Name of Participant

Clark Co. 4-H Camp Counselor Overnighter 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)

Counselor Overnighter. 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 Patty House, 614-296-2862 or Holly Hogan, 937-605-8896 in order to make different arrangements.

(Signature of Parent/Guardian)

(Date)

** The person(s) listed above who pick up your child must be identified by your child to a camp overnighter staff/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 Counselor: _____

Please Turn This Form In At Overnighter Check-In!

Clark County 4-H Camp Counselor Overnighter Restricted Release (Optional) Dec. 27, 2023, 5 PM to Dec. 28, 2023, 7 AM

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 Counselor Overnighter.

**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 Patty House at 614-296-2862 or Holly Hogan at 937-605-8896 in order 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 Counselor: _____

Please Turn This Form In At Counselor Overnighter Check-In!

**Standards of Behavior for Minor Participants Participating in
Activities and Programs with Minor Participants**

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior, uphold high standards for self and accept consequences for inappropriate behavior
- Practice good citizenship, leadership and self-control
- Show respect to others, be courteous and respectful
- Use appropriate language at all times
- Be supervised by activity/program personnel at all times in which privacy would not be expected (restrooms, overnight stays, etc)

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor participants:

- Actions that bully, tease, dominate, or display sexualized behavior toward others
- Disrespect of others, unsportsmanlike, unethical, immoral conduct
- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
- Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
- Being in spaces in which you are not permitted to be (including but not limited to unsupervised spaces, another's room, etc)
- Destruction or theft of property
- Violation of rules, including established curfew, when applicable
- Other conduct determined to be inappropriate for youth development

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

Staff/volunteer expectations:

- Will not have private contact with minors, including electronically
- Refrain from any criminal conduct
- Endeavor to provide a safe and healthy experience for all participants
- Report any child abuse or neglect in accordance with university policy

If you suspect or know that a staff member or volunteer is not acting in accordance to these expectations, please contact the activity or program director immediately. Additional information can be found at: go.osu.edu/protectionofminors

I, _____, as a participant in an activity or program with minor participants, 4-H Camp Counselor Overnighter,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we _____ have read the standards of behavior and support my minor's participation in the
(parent/guardian, print) activity/program.

Parent/guardian signature

Date