

## Guidelines for Group Living

**Be safe!**

**Have fun!**

**Make friends!**

**Learn something new!**

### **BE SAFE WHEN PARTICIPATING IN ACTIVITIES.**

- Follow instructions for activities.
- Use objects for their intended purpose.
- Exercise care when using materials that could harm you or others, such as sharp objects, hot liquids, and flames.
- Report injuries, illness, and health problems to the designated health care professional.

### **ACT RESPECTFULLY TOWARD OTHERS IN YOUR WORDS AND ACTIONS.**

- Respect other participants and the adult staff. Be kind and courteous to one another.
- Listen when others are talking.
- Use respectful language when communicating with other participants and adult staff members. No put-downs. Do not use profane, abusive, or derogatory language.
- Respect others' personal space.
- Boys stay in the boys' sleeping area; girls stay in the girls' sleeping area.
- Observe lights out in the sleeping areas as posted in the schedule.
- Resolve conflicts in a civil manner. No fighting.

### **DEMONSTRATE RESPECTFUL BEHAVIOR TOWARD YOUR SURROUNDINGS.**

- Please treat buildings, equipment, others' property, and the environment with care and respect.
- Clean up after yourself and put trash in its proper place.
- Leave the area cleaner than you found it.

*Keep a copy for your records.*



## Teen Retreat 2023

Name: \_\_\_\_\_ County: \_\_\_\_\_ Male Female (Circle one)

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Gaurdian: \_\_\_\_\_ Phone: \_\_\_\_\_

What are some things you hope to gain from this retreat?

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Please list any special physical or dietary accomodations you will need.

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*Keep a copy for your records.*



## 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: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	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.

### 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.

**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: \_\_\_\_\_

**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.

**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 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **Photo and Video Release**

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, \_\_\_\_\_, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

\_\_\_\_\_  
 Parent/Guardian Printed Name

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**Request to Administer Prescribed Medication**

This form is to be used to grant permission to administer prescribed medication to camper during Tuscarawas County 4-H Camp, July 18-21, 2021.

Camper Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cabin \_\_\_\_\_ Counselor \_\_\_\_\_  
 (to be completed at camp) (to be completed at camp)

**Parent/Guardian Section**

Please review the following steps required for permission of camp nurse to administer any medication to your child and sign this section.

1. This form must be completed by both the parents (top section) and the physician (bottom section).
2. Medication must be kept in the camper's prescription labeled bottle. (Pharmacy may provide an extra bottle on long-term medication.) Prescription label must match instructions from doctor.
3. Please contact the Tuscarawas County office of Ohio State University Extension at 330-339-2337 with questions.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Contact Numbers:

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Physician Section**

I verify that this medication must be taken by: \_\_\_\_\_

\_\_\_\_\_ **FOR DAILY MEDICATIONS**

\_\_\_\_\_ **FOR AS-NEEDED MEDICATION**

DRUG	DOSE	ROUTE	TIME TO BE GIVEN

Diagnosis for which medication is prescribed: \_\_\_\_\_

DRUG	DOSE	ROUTE	TIME TO BE GIVEN

Instructions for precaution(s), including possible side effect(s): \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's printed name \_\_\_\_\_ Date: \_\_\_\_\_



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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 Facility 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.

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Restricted activities and/or special notification instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Photo and Video Release**

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, \_\_\_\_\_, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H facility to promote any and all public awareness for the program(s) in which my child is involved.

\_\_\_\_\_  
 Parent/Guardian Printed Name      Parent/Guardian Signature      Date

## Teen Retreat 2023

### 4-H Program

#### Grounds for Dismissal Policies

In our efforts to maintain a safe environment for all our participants, there are certain situations that are grounds for dismissal from this event. We work hard to resolve conflicts that might arise, and it is unlikely that we would need to send a participant home. However, we think it is important to outline the situations that may lead to a participant's dismissal. In addition, we are not able to transport participants if they are dismissed. If a participant is sent home for any of the specified reasons, it is the responsibility of the parent/guardian to make arrangements to pick up their child at the event site (FFA Camp Muskingum 3266 Dyewood Rd SW, Carrollton, OH 44615).

Any participant found engaging in any illegal activity will be sent home. In addition, these activities may have potential legal consequences. **NO EXCEPTIONS.** These activities include:

**DRUGS** - Use, possession, or attempted purchase of any illegal drug in any quantity is prohibited. Personal use, attempt to purchase, possession of, or being in the company of anyone using or possessing any illegal drugs in any quantity or any unauthorized prescription drugs, or possession or purchase of any drug equipment or paraphernalia is prohibited. This includes e-cigarettes, vaping devices, and their contents. We reserve the right to conduct a personal effect search should drug or any illegal possession be suspected.

**ALCOHOL** - Use or possession of any alcoholic beverages or attempting to purchase any alcoholic beverages is prohibited. This policy also includes non-alcoholic beers. Being in any area where alcohol is consumed will also be grounds for dismissal. We reserve the right to conduct a personal effect search should alcohol possession be suspected. Any possession or use of a false I.D. is prohibited.

**INAPPROPRIATE AND PROHIBITED BEHAVIOR** - The following behavior is not permitted and will result in intervention by adult staff members. Actions may include temporary removal from activities, confiscation of items, a phone call to parents, and ultimately to a participant being sent home. In addition, certain behaviors have potential legal consequences and appropriate authorities will be contacted in such instances.

**LEAVING THE IMMEDIATE EVENT LOCATION** - No participants should be found leaving the immediate event location grounds unless they are participating in an off-site activity that is part of the program and they are accompanied by staff members.

**USE AND/OR POSSESSION OF CELL PHONES** - Cell phones and their use are prohibited at the retreat. Any cell phones found will be confiscated and held until the end of the event. This includes the use of these devices for taking inappropriate photographs and "sexting" (sending text messages or photos containing sexual content).

**INAPPROPRIATE PHOTOGRAPHS AND VIDEOS** – Cameras, cell phones, or other personal electronic devices may not be used to take and/or send photographs or videos that contain inappropriate content. Photographs taken in any private areas including but not limited to bathrooms, changing areas, etc., are strictly prohibited and will result in the confiscation of the equipment used to take the photographs and may result in a participant's immediate dismissal from the event.

**SEXUAL CONTACT** – Sexual contact between participants is prohibited.

**USE AND/OR POSSESSION OF WEAPONS, INCLUDING KNIVES AND FIREARMS** – Use and/or possession of weapons, including knives and firearms, is prohibited. This includes instances when common objects are used as weapons (e.g., rocks, bandanas).

**FIREWORKS** – Possession or use of fireworks is prohibited.

**SMOKING/TOBACCO PRODUCTS** - There will be no smoking, use, possession, or purchase of tobacco products, including cigarettes, cigars, e-cigarettes and other electronic means of smoking (i.e. Juul) and chewing tobacco.

**FIGHTING, HARRASMENT, OR BULLYING** - Participants are not to engage in any fighting, verbal or physical harassment, or abuse of any kind directed toward any member of the camp community. This includes food fights.

**SEXUALLY EXPLICIT MATERIALS AND/OR PORNOGRAPHY** - Participants should not possess, share, and/or distribute sexually explicit materials or pornography to any member of the camp community.

**GAMBLING** - Gambling of any kind is prohibited.

**TRADING OR SELLING OF PERSONAL PROPERTY** - The trading or sale of another individual's property or possessions is prohibited.

*Keep a copy for your records.*





## Teen Retreat 4-H Program Participant Behavior Agreement

A successful event depends on the partnerships of the staff, participants, and parents. Your child's safety is our number one priority. In our efforts to maintain a safe environment for all of our participants, we have certain expectations for participants' behavior as well as certain situations that may be grounds for dismissal from this event. We work hard to resolve conflicts that might arise, and it is unlikely that we would need to send a participant home. However, we think it is important to share our expectations (see *Guidelines for Group Living*) and outline the situations that may lead to a participant's dismissal. These situations are outlined in the *Grounds for Dismissal Policy*. **We ask that you and your child read these two documents, complete the form below, and return the signed form when checking in at the event.**

I hereby give my permission for my child \_\_\_\_\_,  
(Print Child's First and Last Name)

to attend the Teen Retreat 2023, 4-H Program.

I have discussed the accompanying ***Guidelines for Group Living*** and ***Grounds for Dismissal Policy*** with my child and have discussed the expectation that he/she is to conduct himself/herself in a safe and respectful manner.

I understand that if the event organizers determine that my child should be dismissed from the event, I am responsible for making all arrangements and costs if my child is sent home, no matter what time of the day or night.

If for any reason my child is sent home, I understand there will be no refunds for the Retreat registration fee. I agree that I am fully responsible for any damages and/or cost my child may incur during the Teen Retreat. The Ohio State University Extension and all chaperones are not responsible for any damages my child may cause.

I understand it is a privilege to participate in the Teen Retreat. Both my child and I have read this agreement, and we accept the conditions as outlined.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Participant's Signature Date

Parent(s) \_\_\_\_\_ may be reached at:  
Print Name

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Bring this signed form with you to Registration.**



**THE OHIO STATE UNIVERSITY**

COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES



**Ohio4h.org**

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