

OHIO 4-H PARTICIPANT/MEMBER HEALTH HISTORY

This form must be completed by/for each participant or by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

DATE _____ COUNTY _____

PLEASE CIRCLE: MALE FEMALE AGE _____ DATE OF BIRTH _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE (HOME) _____ WORK PHONE _____

IN CASE OF EMERGENCY, CONTACT:

NAME _____ PHONE _____

CELL PHONE _____ PAGER _____

OTHER PERSON _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

Instructions for Medications

1. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact)
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director or a responsible adult during the 4-H event.

CHECK MEDICATIONS BELOW, THAT PARTICIPANT MAY RECEIVE IF DEEMED NECESSARY:

	Ibuprofen/advil		Acetaminophen/tylenol		laxatives
	antacids		triple antibiotic		diarrhea medication
			Robitussin Cough Syrup		adrenalin

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO:

CHICKEN POX _____ TUBERCULOSIS _____ MEASLES _____ MUMPS _____

WHOOPING COUGH _____ SCARLET FEVER _____ TETANUS IMMUNIZATION _____

Date of Last Booster _____ Date of Last Menstrual Period _____

Operations or Serious Injuries requiring medical treatment (specify): _____

Check below if participant is subject to:

	headaches		fainting		heart trouble		frequent colds
	constipation		convulsions		frequent sore throats		kidney trouble
	athlete's foot		sinusitis		bed wetting		sleep walking
	ear infection		epileptic seizures		home sickness		bronchitis
	cramps		diarrhea		asthma controlled (yes, no)		other please specify

Check if Participant is Allergic to:

Foods (specify) _____

Medication: Prescription or non-prescription drugs (specify) _____

Serious Ivy, Oak, or Sumac Poisoning _____

Bee or Insect Stings _____ Prescribed Treatment _____

LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (Contact Lenses, Braces, Diabetes, etc.) which require medication, treatment, or special restrictions or considerations in participation.

Conditions: _____

Medications: _____

SPECIFY ANY RESTRICTIONS IN ACTIVITIES (INCLUDING SPECIAL DIET NEEDS):

Immunization Record

Please record the date (month & year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (whopping cough) DPT* Tetanus or	1 2 3	1 2
Tetanus TD* Diphtheria or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Hemophilus influenza b (HIB)		

PARENT/GUARDIAN MEDICAL RELEASE

I understand the camp staff and volunteers, are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to transport the participant to an appropriate facility and I give the attending physician my permission to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature _____ Date _____

I give The Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature _____ Date _____

**Canter's Cave 4-H Camp
Activity Liability Release Form**

NAME: _____ AGE: _____ PHONE: _____
ADDRESS: _____

Emergency Medical Information

(If "Yes", please explain on the lines following the question.)

NO _____ YES _____ Allergies to foods, drugs, insect bites, dust, etc. Please identify them and the nature of your reaction.

NO _____ YES _____ Physical disabilities or conditions which might limit your participation:

NO _____ YES _____ If you are presently taking medication (s), please identify them:

In Case of Emergency Contact:

Name	Relationship	Home Phone	Work Phone
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Statement of Understanding

I am aware in signing this statement for participation in programs of Canter's Cave 4-H Camp that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If for any reason I question the ability of the participant to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered while participating in adventure programs include: High Ropes Course, Initiatives Course, Archery, Rappelling Area, Shooting Sports Course, and Hiking Trails include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. I understand that most activities are conducted in the out-of-doors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to known risks; however, as a participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen.

I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences at Canter's 4-H Camp.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that the participant (including any minor children) is fully capable of participating in the activities.

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of the participant.

Signature Date

(Parent or legal guardian must sign for all persons under 18 years of age.)

Note: All participants should wear long pants (no shorts) and tennis shoes on the high ropes course.



Minimum Standards of Behavior for Minor Participants
Participating in Overnight Camps sponsored by The Ohio State University

Minors participating in overnight camps 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 camp.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
- Support and abide by the group's designated leader
- Practice good citizenship, leadership and self-control
- Follow the direction of camp staff
- Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
- Show respect to others, be courteous and respectful
- Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio state University overnight camps:

- Unsportsmanlike conduct, 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
- Boys in girls rooms/restrooms and vice versa
- Destruction of property
- Violation of established curfew
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting others down and being disrespectful of individuals differences
- Aggressive physical behavior, e.g., fighting
- Taking property that belongs to others
- Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State staff

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

1. The adult chaperone for the minor involved in the violation 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 event.
3. The minor can/may be barred from participating in future Ohio State overnight camp programs.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____ as a participant at overnight camp _____
(name of minor, print) (name of camp, 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 camp standards of behavior and support my minor's participation in the camp.
(parent/guardian, print)

Parent/guardian signature

Date

CANTER'S CAVE 4-H CAMP, INC.
Elizabeth L. Evans Outdoor Education Center

CELL PHONE/ELECTRONIC DEVICE POLICY AGREEMENT

- Campers and counselors are not allowed to bring to camp any cell phone, iPod, handheld electronic game, tablet, laptop, or other communications device capable of accessing the internet through WiFi or another external network.
- If such a device is brought to camp by either a camper or a counselor, it will be held by the County Extension Educator or Camp Director until the conclusion of camp.

I, _____, understand that I am not to bring a cell phone or other device as
(Print name of camper/counselor)
described above to camp.

_____/_____/_____
Signature of Camper/Counselor Date

Message to Parents:

We know in this high tech era that it's difficult for youth to not be in constant contact with their families and friends via Facebook, texting, or cell phone calls. However, camp is a unique experience. The camp experience helps youth develop life skills including independence and self-reliance. Among the concerns that make bringing and using cell phones and other communications devices inappropriate at camp are:

- Concern that such expensive devices will be lost, damaged, or stolen. OSU Extension, camp, and staff cannot accept responsibility for lost, stolen, or damaged items at camp.
- Inappropriate use of photo and video devices. We know from media reports that the ease of uploading *inappropriate* photos and videos is a concern. Cyberbullying is not permitted before, during, or after camp.

In addition, youth contact with home when they are suffering a temporary spate of homesickness at camp may cause the condition to worsen. We fully appreciate and respect the positive relationships our campers and counselors have with their families, but if they are to benefit fully from the camp experience, they must be encouraged to develop the skills of independence and self-reliance. If there is an emergency, or if we are concerned about the youth's well-being, we will contact the parents or guardians immediately. Campers are constantly in the company of other campers and counselors while at camp, and our camps are staffed with many caring adults, including an experienced camp nurse.

I, _____, have read the above policy and agree to the
(Print Name of Parent/Guardian)
guidelines stated, including that the cell phone or other device will be collected and held by camp staff and returned at the end of camp if the policy is violated. I understand that if there is an emergency and I need to reach my child while s/he is at camp, I may do so by contacting the camp at (740) 286-4058.

_____/_____/_____
Signature of Parent/Guardian Date

The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

