



4-H Cloverbud Day Camp Permission and Health Form
June 13, 2007



This information is needed to insure that your son/daughter will receive the best possible care in the event of accident, illness or other emergency during 4-H Cloverbud Day Camp activities. The form should be completed and signed by a parent or guardian. We must have a form for each club member.

Member Name: _____ Club Name _____

First name Last Name

Street Address _____ City _____ State _____ Zip _____

Date of Birth: _____ Gender (please circle) Male Female

Parent or Guardian (Person to call in case of emergency) _____

Home Phone () _____ Work () _____

Check below any information you feel 4-H personnel should know to help insure the safety and well being of the above member. In case of emergency, this health statement may be the only source of background information. Please be accurate and complete as possible. Information is confidential.

<input type="checkbox"/>	frequent colds	<input type="checkbox"/>	fainting	<input type="checkbox"/>	heart trouble	<input type="checkbox"/>	cramps
<input type="checkbox"/>	headaches	<input type="checkbox"/>	constipation	<input type="checkbox"/>	convulsions	<input type="checkbox"/>	diarrhea
<input type="checkbox"/>	sore throat	<input type="checkbox"/>	kidney trouble	<input type="checkbox"/>	athlete's foot	<input type="checkbox"/>	asthma
<input type="checkbox"/>	sinusitis	<input type="checkbox"/>	car sickness	<input type="checkbox"/>	sleep walking	<input type="checkbox"/>	home sickness
<input type="checkbox"/>	ear infection	<input type="checkbox"/>	epileptic seizures	<input type="checkbox"/>	bronchitis	<input type="checkbox"/>	
Other (please specify)							
Recent Surgical Operations, Accident or Injury (if yes, describe)							
Any Drug Allergies (if yes, describe)							
Any Food Allergies (if yes, describe)							
Current medications or treatments (if yes, describe)							
Date of Last Tetanus Shot							
This participant may receive the medication(s) checked below, if deemed necessary and administered by the club advisor and/or attending physician.							
<input type="checkbox"/>	Ibuprofen	<input type="checkbox"/>	Tylenol/Acetaminophen	<input type="checkbox"/>	Laxatives	<input type="checkbox"/>	Aspirin
<input type="checkbox"/>	Antacids	<input type="checkbox"/>	Antiseptics	<input type="checkbox"/>	Diarrhea medication	<input type="checkbox"/>	Coriciden D
<input type="checkbox"/>	Cough Syrup	<input type="checkbox"/>	Chloroseptic/sucrets	<input type="checkbox"/>	Adrenalin	<input type="checkbox"/>	Benedryl

I give permission for my child to participate in 4-H Club activities. I understand that if my child does not cooperate in following the 4-H regulations, he/she may be asked to leave the event and you will be called. I understand that I will be responsible for removing my child immediately from the activity, if necessary.

As a parent or guardian, I delegate all matters of emergencies to the 4-H authorities including volunteer leaders for this cloverbud day camp. I understand that if a serious injury or illness develops, medical or hospital care will be given. I further understand that in case of an emergency I will be notified as quickly as possible. However, if it is impossible to contact me, I give permission for emergency treatment, x-rays, or surgery as recommended by an attending physician.

Signed _____ Date _____

Preferred Family Doctor Information:

Name _____ Location of Practice _____

Hospital _____ Phone _____

Preferred Family Dentist Information:

Name _____ Location of Practice _____

Hospital _____ Phone _____

Code of Conduct

As a participant in Ohio 4-H, you have the responsibility of representing the Ohio 4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you and your family, as well as 4-H. To do that you will need to:

- Dress appropriately for each 4-H event. Adults in charge will give you guidance.
- Use language and manners that will bring respect to you and the Ohio 4-H Youth Development Program.
- Know that the use of alcohol and illegal drugs is prohibited at all events.
- Treat program areas, lodging and transportation vehicles with respect and care. You will be responsible for any damage, theft or misconduct in which you participate.
- Attend as many club activities as possible with a positive attitude.

As a 4-H Club member, I have read the code of conduct in effect at 4-H activities & agree to abide by them.

Signed (Club member) _____ Date _____

As a 4-H Club member parent or guardian, I have read the code of conduct in effect at 4-H activities & agree that my child should abide by them.

Signed (parent/guardian) _____ Date _____