

# 4-H Camper Information Form

Please Print All Information

Camper's Name \_\_\_\_\_ County \_\_\_\_\_

Camper's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Parent/Guardian Contact Information: Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Alternate Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

(If Parent/Guardian can't be reached):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Relationship

### MEMBER'S HEALTH INFORMATION: fill in completely

To be completed by Parent or Guardian

1. List any significant allergies to drugs: \_\_\_\_\_
2. List any other significant allergies: \_\_\_\_\_
3. Are immunizations current? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date of last tetanus shot: \_\_\_\_\_
4. Does your child have asthma? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Is your child allergic to bee stings? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Circle any condition which warrants a bottom bunk: sleep walking, bed wetting, frequent urination, seizures, \_\_\_\_\_
7. Is your child diabetic? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please call Camp Bob Marshall and ask to speak to the camp cook before camp— 605-673-2730

### INSTRUCTIONS FOR MEDICATION AT 4-H CAMP

1. All prescriptions and over the counter medications brought to 4-H camp by the camper will be turned into the nurse/program director upon arrival at camp.
2. **All MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER & placed in a zip lock bag labeled with the camper's name. \*\*No medication will be accepted without original container. \*\*Send only enough dosages for use during the camp session.**
3. All over-the-counter medications must be accompanied by written authorization from physician OR parent, giving the name, dosage, frequency, & when medication may be given. (See Below)
4. The 4-H Camp Nurse/EMT will dispense all prescription medications.
5. Campers needing asthma inhalers, epinephrine or other emergency medications must check them in with the Nurse. If the camper needs to carry medication with them, then parent/guardian written permission is required.
6. All medications will be returned to the camper at the end of camp at check-out.

### MEDICATIONS YOU ARE BRINGING TO CAMP-Please use additional sheet if needed

Name of Medications	Dosage of medication to be given	How often?	Reason for giving medication

**CHECK OVER-THE-COUNTER MEDICATIONS THAT YOUR CHILD MAY RECEIVE IF DEEMED NECESSARY: Circle any item(s) you do NOT want administered to your child.**

Dosages will be administered according to directions on the bottle unless a parent or physician directs otherwise.

**CHILDREN'S MEDICATIONS FOR:**

- \_\_\_\_\_ Minor pain, headaches, menstrual cramps (Tylenol, Ibuprofen)
- \_\_\_\_\_ Sore throat, coughing (Cough Drops/Throat Lozenges)
- \_\_\_\_\_ Allergic reactions, sinus (Benadryl, Claritin, Sinus, Cold Medication)
- \_\_\_\_\_ Upset stomach (Tums, Pepto Bismol, Milk of Magnesia)
- \_\_\_\_\_ Skin rash, itching (Calamine lotion, Antibiotic Ointment)

**HEALTH AND ACCIDENT INSURANCE INFORMATION: (Check one)**

\_\_\_\_\_ County 4-H Policy

\_\_\_\_\_ Family Policy==Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

A 4-H Accident/Illness Insurance policy will be purchased for all campers that will provide limited accident/illness coverage. For specifics on this policy please contact your local Extension Office.

\*\*I understand that first aid will be available at the event, that the 4-H member will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff will not be held responsible in case of accidental illness or injury. I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by attending physician. Insurance is the responsibility of the individual according to the 4-H policies of the county Extension service. I am familiar with and understand the Extension policy regarding health and accident insurance.

\*\*My signature indicates that I have read this form, including the **4-H Code of Conduct** policy attached to this form, and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy and determined by the South Dakota 4-H Program.

\*\*Furthermore, I give permission for my child to receive emergency medical attention, and to participate in 4-H program activities.

**PHOTO RELEASE: (Check one)**

\_\_\_\_\_ I give permission to use my child's name/photo in publications, advertisements, 4-H webpage(s) or news articles pertaining to 4-H activities.

\_\_\_\_\_ I do **NOT** give permission to use my child's name/photo in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities.

**DEPARTURE POLICY**

The parent/Guardian (or the person they designate in writing) will pick up the camper on the last day of camp. Who will be picking up the 4-H camper at check out time:

\_\_\_\_\_

Print name of person picking up camper

\_\_\_\_\_

Phone Number

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

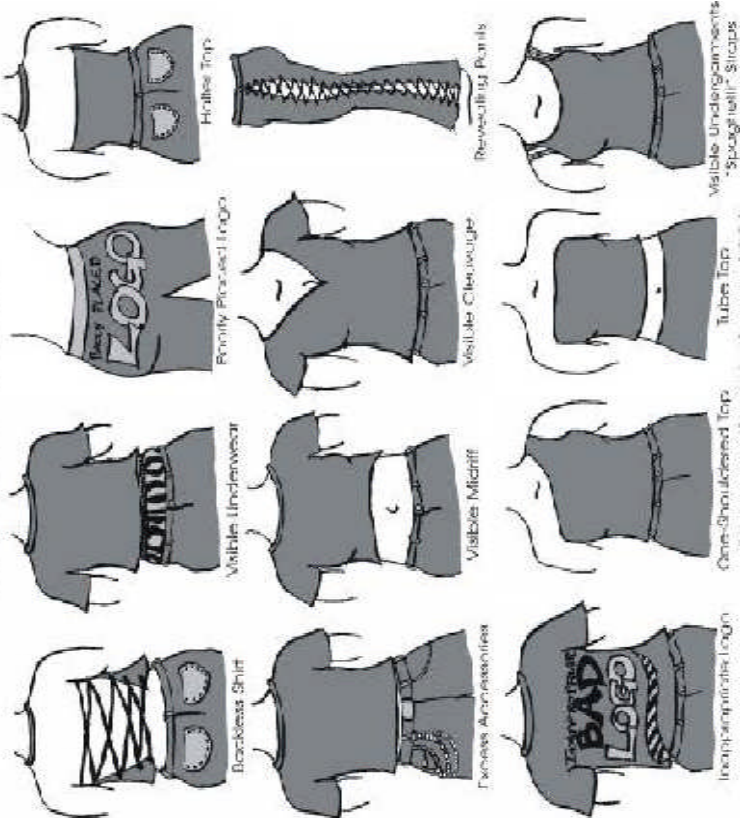
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4-H Summer Camp Dress Code

During your stay at the 4-H Summer Camp, we want you to have the best experience possible. The following dress code has been developed to assure that no one will feel offended or uncomfortable during his or her stay. If you choose to dress inappropriately, you will be asked to change, or be required to wear a camp-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of having to change and you will be contributing to a pleasant camp atmosphere. Please be advised that the following dress code will be enforced for all individuals attending camp, including chaperones.

1. Clothing: All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessive accessories such as hanging chains and hanging suspenders are not allowed. This is for safety reasons.
4. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
5. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider than one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.
6. Swimming (For all water recreation):
  - Swim suits for men: swim trunks only (No shorts, cut-off pants, or Speedos).
  - Swimsuits for women: One-piece suits recommended, however, two-piece suits are allowed as long as they are modestly cut, you will be asked to wear a "swim shirt" over a two piece suit. No string, thong or crochet suits will be allowed. Swimsuits may only be worn while at the lake area.

### Dress Code Violations



## Code of Conduct and Behavior Expectations

\*\*Must be attached to the 4-H Camper Information form when distributed to campers\*\*

The South Dakota 4-H Program expects youth members and participants to behave in an acceptable manner at all events and activities in accordance with the South Dakota 4-H Behavioral Expectations and the Code of Conduct Policy.

**Behavioral Expectations:** The South Dakota 4-H Program is designed to provide youth of all ages with a positive environment in which to learn and grow. It also provides opportunities for children and youth to build positive traits of character. The SD 4-H Program supports the CHARACTER COUNTS program and the six pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship. To assure that all youth have equal access to positive learning environments, SD 4-H members, staff, and volunteers agree to abide by these expectations of behavior:

- **I will be trustworthy.** I will be worthy of trust, honor, and confidence. I will be a good role model by doing the right thing at all times. I will be honest in all of my activities. I will be on time for all scheduled events and will attend all of the planned activities. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge of the event before the activity starts. I will be in the assigned area (e.g., club meeting room, building, dorm, etc.) at all times. The South Dakota 4-H Program will not permit dishonesty such as lying or cheating.
- **I will be respectful.** I will show respect, courtesy, and consideration to everyone, including myself, other participants, and those in authority. I will act and speak respectfully. I will treat meeting rooms, lodging areas, personal property, and transportation vehicles with respect. I will follow all published dress code guidelines for the event and/or activity. I will respect the personal space and choices of other participants and will not participate in inappropriate displays of affection or physical contact. I will not use vulgar or abusive language, cause physical or emotional harm, or create a feeling of fear amongst other participants.
- **I will be responsible.** I will be responsible and accountable for my choices and my actions towards myself and other people. I will follow all rules and guidelines established for the activity or event. I will follow the verbal instructions issued by Extension staff, chaperones, and/or adult volunteers. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct that I am involved in or cause.
- **I will be fair.** I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special help or favors.
- **I will be caring.** I will be caring in my relationship with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will include all participants in activities and will try to help everyone be involved in the scheduled activities.
- **I will be a good citizen.** I will be a contributing and law-abiding citizen. I will be respectful to the environment. I will not use illegal substances such as tobacco, alcohol, or drugs or be involved in the use or possession of weapons or fireworks. If I am found to have any of these items with me or if I have taken any illegal substances, notification of law enforcement will be conducted by adult staff/volunteers.

**Code of Conduct Policy:** If I do not abide by the items named in the Behavioral Expectations, I will experience the following consequences in the order listed:

1. The loss of rights and privileges at the event.
2. Being dismissed from the event or activity. Notification of my parents/guardians will occur and I will be sent home at my own expense prior to the conclusion of the activity.
3. The possible forfeiture of future participation in statewide and out-of-state events as well as forfeiture of future awards and premiums at the county level for a period of time up to one year. If this step is considered, input and determination will be made by event staff, county staff, state staff, and the parents/guardians of the involved 4-H member(s).

This page can be copied and attached to the Camper Information Form as the handout.