

# 4-H Camp Cloverleaf

“Summer is Coming:  
Medieval Times”

July 9-13, 2018



## Registration Packet

Due June 18th

**UF** | IFAS Extension  
UNIVERSITY of FLORIDA







## Hello Campers and Parents!

Welcome to your 2018 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week **July 9 – July 13, 2018** at Camp Cloverleaf in Lake Placid, FL. We are glad you will be joining us this year! Campers will have an exciting week of outdoor recreation and educational activities planned for them this summer. There's fun on the horizon!

This packet contains all the information that you need to get started. Please thoroughly read, complete and return all forms. Any missing information will hold up the registration process and possibly cause the camper to miss out on a preferred activity. All forms must be completed and signed. A description of required forms is listed below. Also, enclosed is a summer food service application. If you are currently eligible for free or reduced lunch, food stamps or AFDC you will qualify for the discount by completing this application. If you do not qualify, please write "Not Applicable" across the page and sign the bottom. This way we can show the Florida Department of Education that every camper was given the opportunity to apply. In order to subtract the food service from your fees, proof of eligibility and a completed application with your camper registration form must be received.

Make sure that all of your paperwork is complete and turned in to the 4-H office no later than June 18th. Camp fills up very quickly, so the first 50 registration forms will receive priority. Camp fee is \$250.00. Scholarship information is included in this packet. Please contact the 4-H office for more information. Refunds will not be given after the camper's arrival on Monday.

### ***In the packet:***

- Camp info    Camp Registration    Medication Form    Packing List
- Cell phone, Graffiti Policy, Special Dietary Needs, Camp pick up release
- Food Service Program (If not needed, please write "not applicable" and sign at the bottom – return either way)

Please contact your 4-H Agent with any questions.

- Lake-Dallas Daniels [hendersond@ufl.edu](mailto:hendersond@ufl.edu)
- Orange-Melinda Souers [msouers@ufl.edu](mailto:msouers@ufl.edu)
- Osceola-Jessica Sprain [jsprain@ufl.edu](mailto:jsprain@ufl.edu)
- Seminole-Chelsea Woodard [cwoodard@seminolecountyfl.gov](mailto:cwoodard@seminolecountyfl.gov)
- Volusia-Laura Cash AND any agent listed above [lcash@volusia.org](mailto:lcash@volusia.org)
- 

## **CAMP THEME: "Summer is Coming: Medieval Times"**



## **CAMP FAQs**

**COST:** 4-H Camp costs \$250, this includes meals, insurance, lodging, snacks and program materials for 5 days and 4 nights. This reduced rate, compared to other Florida youth camps, is made possible because this 4-H Camp is an IFAS Extension sponsored activity with the support of Florida 4-H Foundation.

**SCHOLARSHIPS:** Counselors, CIT's, and Campers can apply for a scholarship to be used towards camp. Please contact your 4-H Agent for information.

**SUMMER FOOD SERVICE PROGRAM:** Information on the Summer Food Service Program is attached. Full camp payment is required upfront unless you have proof of eligibility. If this form is not needed, please write "not applicable" and sign at the bottom. Please return either way.

**MAIL:** You can write to: 4-H Camp Cloverleaf, 126 Cloverleaf Rd. Lake Placid, FL 33852. Attn: Lake County 4-H Parents, we suggest you mail on Monday (or the week prior) so it will arrive before we leave camp.

**EMERGENCY PHONE NUMBER:** Camp Cloverleaf office number is 863-465-4884, this number can only be used for emergency purposes. As a reminder, cell phones are not allowed to be used by campers while at camp.

**ARRIVAL:** Campers plan to arrive at Camp Cloverleaf between 12:00- 1:00 pm on *Monday, July 9th*. You must arrange your own transportation. Cloverleaf 4-H Center is located 7 miles south of Sebring, off Highway 27 on Cloverleaf Road. From Hwy. 27 South: turn west onto Cloverleaf Road at 4-H Camp sign. The center is located approximately 3 miles on the right. From Hwy. 27 North: go one mile past Lake Placid Tower and turn west on Lake June Road (CR621). Go 2.5 miles and turn right on Cloverleaf Road. The center is located 1/4 mile on the left. 126 Cloverleaf Rd. Lake Placid, FL 33852.

**RETURN:** Camp will close at 11:00 am - Friday. Parents should arrive between 9:00a.m.-11:00 a.m. for pick up. Campers are **not allowed** to leave until cabins have been inspected by the agent in charge. Parents are welcome to come to our closing Friendship Circle and camp awards at 9 a.m.

**CAN I PICK MY CHILD UP EARLY FROM CAMP?** For safety reasons and so all campers may enjoy the entire 4-H camping experience, campers are encouraged to arrive on time, and are not allowed miss mid-week days, or leave camp early. We enjoy having each camper fully participate from the beginning to the closing of each camp week.

**DAMAGE POLICY:** There is a damage policy at camp. If you damage any equipment, buildings or facilities you will be charged a minimum of \$25 or the cost of fixing it. This means if you write your name on a wall it will cost \$25. We want our camp to remain in good shape for everyone to enjoy.

**CAMP DRESS CODE:** **NO** open toed shoes outside of cabin, except to waterfront, **NO** spaghetti straps, **NO** half shirts, **NO** underwear showing at any time, **NO** T-Shirts with questionable messages. Only one piece swim suits allowed or dark colored T-Shirts over two piece suits. Only casual attire may be worn to the dance. Shorts must be pinky length. If you break the dress code you will be asked to change. If you do not abide by the rules you will be sent home and your parents will be responsible for coming to get you.

**REMINDERS:** Label everything, including sheets and shoes. You have to carry all your gear a long way to your cabin, so pack as lightly as possible. Two small bags are better than one large bag.

**CAMPER ORIENTATION:** All campers and parents will be required to attend camp orientation. Please contact your 4-H Agent for more information.

**DUE DATE & ADDRESS:** Camp registration, including all paperwork and registration fee must be in the Extension 4-H Office no later than June 18th or when camper registration is full. Please check with your 4-H Agent to determine who the check should be made to.

**4-H Camp Cloverleaf and Florida 4-H has a zero tolerance policy for bringing, using, or implying use of any illegal substances.**

4-H is part of the National Institute of Food and Agriculture of the USDA, and cooperation land grant universities. 4-H prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, veteran status, marital or family status.

*The Foundation for The Gator Nation*

An Equal Opportunity Institution



**2018 Summer Camp Registration Lake, Orange, Osceola and Seminole Counties**

DEADLINE: June 18th, 2018 to the Osceola County Extension Office

July 9<sup>th</sup>-13<sup>th</sup>, 2018 Camp Cloverleaf –**Theme “Summer is Coming: Medieval Times”**

Indicate one: Adult \_\_\_\_\_ Counselor \_\_\_\_\_ CIT \_\_\_\_\_ Camper \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ 4-H Age by 9/1/17: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Club: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ County: \_\_\_\_\_

**Emergency Contact Information:**

Primary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Tertiary Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

CAMP FEES: Registration Fee \$ 250.00

**Full balance due with packet on June 18th = \$ \_\_\_\_\_ to office**

**For Office Use ONLY**

<b>Counselor/CIT Scholarship Discount</b>	--	\$ _____ for office
<b>Camper Scholarship</b>	--	\$ _____ for office
<b>Summer Food Service Program Qualification</b>	--	\$ _____ for office
<b>Club Scholarship (If applicable)/Leader verification needed)</b>	-	\$ _____ for office
<b>Reimbursement due</b>	=	\$ _____ to individual

**Send COMPLETED Registration and payment to:**

Lake County Extension  
Attn: 4-H Summer Camp  
1951 Woodlea Rd.  
Tavares, FL 32778

Orange County Extension  
Attn: 4-H Summer Camp  
6021 South Conway Rd  
Orlando, FL 32821

Osceola County Extension  
Attn: 4-H Summer Camp  
1921 Kissimmee Valley Ln.  
Kissimmee, FL 34744

Seminole County Extension  
Attn: 4-H Summer Camp  
250 W County Home Road  
Sanford, FL 32773

If you are a Volusia County 4-H Member, feel free to send to any county listed above. However; please inform your 4-H Agent that you are attending camp.



## Florida 4-H Youth Enrollment Form

**Directions:** After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. **These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>.** If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

### Family Profile Information

Family Last Name: \_\_\_\_\_ Family E-mail: \_\_\_\_\_ Primary Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Correspondence Preference:  E-mail  Mail 4-H County: \_\_\_\_\_ Primary 4-H Club: \_\_\_\_\_

### Member Profile Information

Member E-mail (if different from Family E-mail): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Mailing Address (if different from Family Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4-H Age (as of September 1, 2017): \_\_\_\_\_ Number of years as a 4-H member, including current year: \_\_\_\_\_

Parent/Guardian 1: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian 2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Emergency Contact (Other than Parents/Guardians) First and Last Name: \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_ Emergency Contact Relationship \_\_\_\_\_

Is the member a youth volunteer?\*  Yes  No \* If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

**Ethnicity:** Are you of Hispanic ethnicity?  Yes  No

**Race:**  White  Black  Asian  American Indian or Alaskan  Native Hawaiian or Pacific Islander  I prefer not to give my race.

**Gender:**  Male  Female **Residence:**  Farm  Town Under 10,000 or rural non-farm  Town/city 10,000-50,000  
 Suburb of city more than 50,000  Central city more than 50,000

**Parent or Sibling Serving in the Military:**  The member has a parent serving in the military.  The member has a sibling serving in the military.

**A Family Member is in:**  Air Force  Army  Coast Guard  DOD Civilian  Navy  Marines

**Branch:**  Active Duty  National Guard  Reserves

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ School is in my 4-H County?  Yes  No

In 4-H in a county different from the County I live in. **County I Live In:** \_\_\_\_\_

In 4-H in 2 counties **My 2nd 4-H County:** \_\_\_\_\_ **Club** \_\_\_\_\_ **Project** \_\_\_\_\_ **Year** \_\_\_\_\_

Project Title	Years in Project	Project Book Title Needed <a href="http://florida4h.org/">http://florida4h.org/</a>

Program Fees if Applicable:
Club Fee/Dues Paid \$ _____
<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
Total Amount Paid: \$ _____
Paid by Check <input type="checkbox"/> Check # _____
Paid by Cash <input type="checkbox"/>

<b>For County Office Use Only:</b> Date forms received in County Office _____
Date forms entered into 4HOnline Database _____



# Florida 4-H Participation Form for Youth and Adults

**Directions:** This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Youth's Age (As of Sept.1, 2017): \_\_\_\_ Male or Female: \_\_\_\_  
Last First  
 Home Address: \_\_\_\_\_ 4-H County/District \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
 Emergency Contact Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Family Doctor: \_\_\_\_\_ Doctor's Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

**The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.**

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Hydrocortisone
- Decongestant
- Dramamine
- Polysporin (topical antibiotics)
- Aloe Vera Gel for Sunburn
- Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the participant use an inhaler and/or an EpiPen?  Yes  No **If yes, mark which is used:**  Inhaler  EpiPen

**Disabilities:** If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

\_\_\_\_\_  
 \_\_\_\_\_

**Special Needs:** If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

### Medical Consents

**First Aid Consent:** I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

**Medication Consent:** I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

\_\_\_\_\_  
 (Initials)  Yes  No **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. \***

## 4-H Participation Form for Youth and Adults: Authorizations

**Florida 4-H Code of Conduct for Youth and Adults:** As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

**Youth or Adult Agreement:** \_\_\_\_\_ (Initials)  Yes  No **I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.\*\***

**Parent/Guardian Agreement:** \_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the Florida 4-H Code of Conduct above. \*\***

**General Release:** In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

\_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. \*\***

**Transportation Policy:** I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

\_\_\_\_\_ (Initials)  Yes  No **I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. \*\***

**Publicity Release:** I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

\_\_\_\_\_ (Initials)  Yes  No **I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant \*\*\***

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

\_\_\_\_\_ (Initials)  Yes  No **I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant \*\*\***

\*\*Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

\*\*\*Consent is not required to participate in Florida 4-H.

**Youth or Adult Member Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

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





# Florida 4-H Medication Form

Youth Name: \_\_\_\_\_

4-H County: \_\_\_\_\_

**Directions for Parents and Guardians:** Please complete this form for any medication your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers or any other items. This form **must** accompany your child's medication for the activity. Any medication not meeting the following requirements will not be allowed at a Florida 4-H activity.

All prescription medications **MUST**:

- Be in the original container with a prescription label
- Be properly labeled with the youth's name, dosage, & frequency
- Have directions that match what is prescribed
- Have the doctor's name and prescription number
- Not be expired
- Sample medications must have a written prescription from doctor

Special consideration for inhalers and/or Epinephrine ("EpiPen"):

- The inhalers and/or EpiPens should be in their prescription box with their prescription label.
- If you've thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date.
- We **cannot** accept expired inhalers or EpiPens.

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins etc.) **MUST**:

- Be in the original container
- Marked with youth's name
- Not be expired

I request that a person designated by Florida 4-H give my child, \_\_\_\_\_ the following medication:

**1) Name of medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time of day to be given:** \_\_\_\_\_

**Directions, if to be given "as needed":** \_\_\_\_\_

**Dates medication is to be given:** From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**Prescribing doctor's name:** \_\_\_\_\_

**Illness or condition prescribed for:** \_\_\_\_\_

**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?**

Yes \_\_\_ or No \_\_\_

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H's designated person will administer the medicine to my child in good faith, at request. I certify that I have signed the Florida 4-H Medication Consent provision in addition to this form.

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

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

**If you are sending more than one medication for your child, please complete the second page of this form.**

Youth Name: \_\_\_\_\_

4-H County: \_\_\_\_\_

**Additional Medications**

**2) Name of medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time of day to be given:** \_\_\_\_\_

**Directions, if to be given "as needed":** \_\_\_\_\_

**Dates medication is to be given: From** \_\_\_ / \_\_\_ / \_\_\_ **To** \_\_\_ / \_\_\_ / \_\_\_

**Prescribing doctor's name:** \_\_\_\_\_

**Illness or condition prescribed for:** \_\_\_\_\_

**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?**

Yes \_\_\_ or No \_\_\_

**3) Name of medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time of day to be given:** \_\_\_\_\_

**Directions, if to be given "as needed":** \_\_\_\_\_

**Dates medication is to be given: From** \_\_\_ / \_\_\_ / \_\_\_ **To** \_\_\_ / \_\_\_ / \_\_\_

**Prescribing doctor's name:** \_\_\_\_\_

**Illness or condition prescribed for:** \_\_\_\_\_

**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?**

Yes \_\_\_ or No \_\_\_

**4) Name of medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time of day to be given:** \_\_\_\_\_

**Directions, if to be given "as needed":** \_\_\_\_\_

**Dates medication is to be given: From** \_\_\_ / \_\_\_ / \_\_\_ **To** \_\_\_ / \_\_\_ / \_\_\_

**Prescribing doctor's name:** \_\_\_\_\_

**Illness or condition prescribed for:** \_\_\_\_\_

**If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?**

Yes \_\_\_ or No \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ County: \_\_\_\_\_ Age: \_\_\_\_\_

### Florida 4-H Camping Official Authorizations

**Cell Phone Policy:** I know in this technological age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that my camper maybe contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

**Yes**  **No**  **Participant:** I have read the cell phone policy above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and in the future.

**Yes**  **No**  **Verification by Parent/Guardian:** By checking the box I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

**Graffiti Policy:** Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

**Special Dietary Needs:**

In the space provided please list all **food allergies** for the person listed above and any necessary precautions that should be taken:

In the space provided indicate any **food restrictions (non-allergy)** for the person listed above and food substitutes that may be considered:

**Cabin Assignments:** Please indicate the name of a friend going to camp that you would like to be in the cabin with (1 person of the same sex). We will do our best to accommodate your request. Please understand that we group campers in cabins based on age and your camper's choice must be within two years of your camper's age in order to be considered.

**NAME OF FRIEND GOING TO CAMP:** \_\_\_\_\_

**Camp Release**

This authorization form must be completed in full for someone other than the signing parent(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X

Signature of Parent or Legal Guardian      Date      Signature of 2<sup>nd</sup> Parent or Legal Guardian      Date

\* If married, or divorced but having joint custody of the youth, both parents must sign. If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

# Camp Release

This authorization form must be completed in full for someone other than the signing parent to pick up a child from camp. Full time participation is strongly encouraged. I, \_\_\_\_\_, as parent/guardian of the person listed above authorize the persons listed below to pick up my child in the case of an unexpected emergency. Names of person(s) who are authorized to pick up my child (Remember, we do not know you so list both parents/guardians names also). Persons leaving camp will be required to check out and show their license Or other picture ID as proof of identification. If a teen drives themselves or other friends be sure to list the teen driver as an authorized release person.


\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Parent or Legal Guardian

If married, or divorced but having joint custody of the youth, both parents must sign.  
If divorced and having sole custody of the youth, only that parent with sole custody needs to sign.



## Happy Camper Agreement

The Happy Camper Agreement is for the purposes of ensuring that campers have an enjoyable time in a safe and supportive environment. Additionally, the purpose of the agreement is to ensure all campers are aware of appropriate behavior and receive support for any incidences that may occur during the camp week.

*By initialing the following statements, I am agreeing with these procedures.*

- If at any time during camp I feel sick, threatened or bullied I will immediately tell my counselor, camp staff or an adult.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

- I will not argue, threaten or cause harm either verbally or physically to myself, other campers, camp staff or adults.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

- I understand that if I argue, threaten or cause harm either verbally or physically to myself, other campers, camp staff or adults, I will be sent home immediately.

Camper \_\_\_\_\_ Parent/Guardian \_\_\_\_\_



## 4-H Camp Packing Check List

### SUGGESTED ITEMS FOR CAMP



**Clothes should be modest and appropriate for active play in an outdoor setting.**

1. Girls **must** wear one piece bathing suits,  
Boys are not allowed to wear Speedo swimsuits
2. No underwear of any kind showing (this includes bra straps), pants/shorts must be worn at waist height
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs and shirt straps must be 2 fingers wide

#### Comfortable Clothes (appropriate for casual dress)

- \_\_\_\_\_ shorts, jeans, slacks, t-shirts (at least five (5) changes)
- \_\_\_\_\_ tennis shoes (or other closed toe shoes)
- \_\_\_\_\_ underclothing (at least five (5) changes)
- \_\_\_\_\_ one (1) sweater/light jacket/sweatshirt (for cool nights)
- \_\_\_\_\_ bathing suit / swim clothes
- \_\_\_\_\_ rain gear
- \_\_\_\_\_ socks
- \_\_\_\_\_ flip flops
- \_\_\_\_\_ pajamas

#### Personal Articles

- |   |                                     |
|---|-------------------------------------|
| _____ wash cloth                          | _____ shower shoes                  |
| _____ two (2) towels (swimming & bathing) | _____ comb or brush                 |
| _____ toothbrush, toothpaste              | _____ insect repellent              |
| _____ soap & shampoo                      | _____ plastic bag for dirty clothes |
| _____ deodorant                           | _____ sunscreen                     |

#### Bedding (for bunk-style beds)

- \_\_\_\_\_ pillow and case
- \_\_\_\_\_ two (2) sheets & light blanket or sleeping bag. Cabins are air conditioned.

#### Other items (optional) label items clearly with campers name

- |  |  |
|--|--|
| _____ water shoes  | _____ water bottle (very important for hot days) |
| _____ hat  | _____ flashlight                                 |
| _____ alarm clock  | _____ sunglasses                                 |
| _____ pen, paper & stamps (there is a box for outgoing mail) |  |

#### HELPFUL HINTS:

- † **Do not** bring expensive items to camp such as electronic games, jewelry, radios etc.
- † **No** money, candy, gum, snacks, knives or fireworks should be taken to camp.
- † For identification purposes, we encourage parents to mark initials or name of the child on all personal items.

**INCOME ELIGIBILITY FORM  
FOR THE  
SUMMER FOOD SERVICE PROGRAM  
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: **[Name of Sponsor]**

If you need help, call **[phone number of Sponsor]**

**Follow these instructions, if your household gets SNAP TANF or FDPIR:**

**Part 1:** List participant's name and a SNAP, TANF or FDPIR case number.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Sign the form. A Social Security Number is NOT required.

**Part 5:** Answer this question if you choose to.

**If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:**

**Part 1:** Enter the child's name.

**Part 2:** Please contact us at **[phone number of Sponsor]**

**Part 3:** Complete this part if you are applying for other children in the household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

**Part 4:** Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

**Part 5:** Answer this question if you choose to.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List each participant's name.

**Part 2:** Skip this part.

**Part 3:** Follow these instructions to report total household income from last month.

**Column A–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

**Column C–Check if no income:** If the person does not have any income, check the box.

**Part 4:** An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

**Part 5:** Answer this question if you choose to.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.**

Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). <b>Skip to Part 4 if you listed a case #.</b>

**Part 2. Foster Child**

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of Sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

A. Name (List everyone in household, including children) (Example) Jane Smith	B. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12  
 Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year  
 Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_  
 Reason: \_\_\_\_\_  
 Temporary: Free \_\_\_ Reduced \_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_ days)  
 Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_