

# JEFFERSON COUNTY 4-H NEWS



Monticello, Florida

November, 2019

## "THE NORTH FLORIDA FAIR"

### AWARDS BANQUET 2019



Dear 4-H'ers:

The weather is cool and football season is in full gear. Our 4-H year is also in full gear. Make sure that you adhere to all dates and deadlines.

Please make sure that you have enrolled in the **2019-2020** year.

### ENROLL NOW!!!

When you sit down to your Thanksgiving meal on the 28<sup>th</sup>, please remember there are children who are hungry and homeless. Give thanks for food and shelter and pray for those who are less fortunate.

If you have any questions regarding 4-H projects or activities, please call the 4-H Office, our number is (850) 342-0187 or e-mail at [jgl@ufl.edu](mailto:jgl@ufl.edu).

Sincerely,

*John G. Lilly, Sr.*

John G. Lilly, Sr.  
County Extension Director/  
4-H Coordinator

Follow us on Facebook:  
<http://on.fb.me/rbaVT6>

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## UNLIMITED RIDES AT THE FAIR ON 4-H DAY

The North Florida Fair will have bands for unlimited rides this year. This year the band will cost **\$15.00** and that includes gate admission and unlimited rides.

**Wristbands will be distributed at the North Florida Fair on Saturday, November 16<sup>th</sup> and can only be used on November 16<sup>th</sup>. NO EXCEPTIONS.**

If you would like to purchase a wristband in advanced please come by the 4-H Office and pay. We will only order wristband for individuals who have paid for their wristband in advance. The last day to purchase your band is **Wednesday, November 13<sup>th</sup>**. Before 5:00 p.m.

**After November 13<sup>th</sup> NO 4-H Discount bands will be sold.....NO exceptions.**



## NORTH FLORIDA FAIR 4-H DAY

The 78<sup>th</sup> Annual North Florida Fair starts **November 7<sup>h</sup> thru November 17<sup>th</sup>, 2019.**

**Saturday, November 16<sup>th</sup>** is 4-H Day at the North Florida Fair. The Jefferson County 4-H Clubs will be taking a bus to the Fair. We will leave the Extension Office parking lot at **10:30 a.m. and return around 5:00 p.m. that afternoon.**

Parents, you will need to make arrangements for your child to get home from the Extension Office. If someone other than yourself will be picking up the children, please inform us ahead of time.

The cost for transportation this year will be **\$2.00. \$1.00** will be refunded back to the child if he or she returns back to the bus on time for departure.

The deadline to pay your **\$2.00** is **Wednesday, November 13<sup>th</sup>**. Parents will need to sign a 4-H Participation Form which is enclosed in the newsletter.



## 4-H I.D. CARDS NEEDED ON 4-H DAY

4-H Day at the North Florida is **Saturday, November 16<sup>th</sup>**. 4-H I.D. cards are required for this particular day. On that day the North Florida Fair has arranged for all 4-H'ers to enter the fairgrounds free, however, you will need a 4-H I.D. card to enter. If you will be judging in one of the events or going just for fun, please come by the 4-H Office to pick up your card. All adults, that includes parents and leaders, will need a 4-H I.D. Card. See Mr. Lilly or Ms. Gladys.





# 2019-2020 SCHOOL 4-H CLUBS

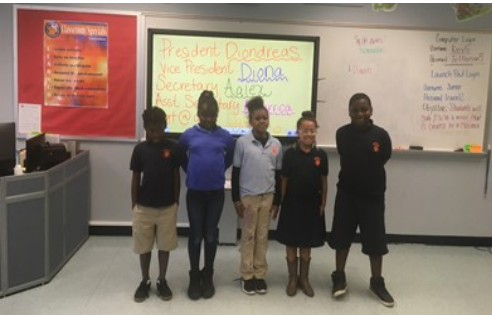
## Mrs. Wilcoxson's Classroom 3<sup>rd</sup> Grade

President-Jeremiah Parrish  
Vice-President-Jose' Santillan  
Secretary-Knecole Hill  
Asst. Secretary-Angel Guzman  
Sgt.-At-Arms-Devonte Bailey



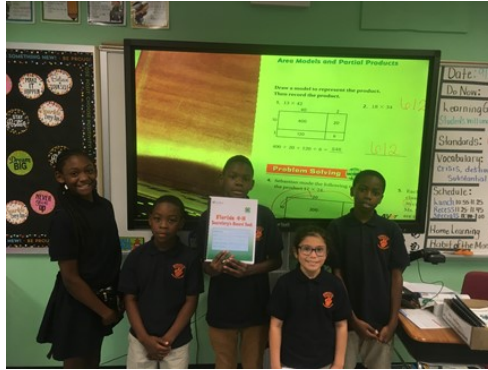
## Mrs. Barrington's Classroom 3<sup>rd</sup> Grade

President-Diondres Bryant  
Vice-President-Diona Bryant  
Secretary-Aalex Fishburn  
Asst. Secretary-Anjerrica Hale  
Sgt.-At-Arms-Davon Hatchett



## Mrs. Bellamy's Classroom 4<sup>th</sup> Grade

President-Jalayah Howard  
Vice-President-Cain Kyler  
Secretary-Jyden Howard  
Asst. Secretary-Briana Ingram  
Sgt.-At-Arms-Lantrez Nealy



## Mrs. West's Classroom 4<sup>th</sup> Grade

President-Antanasia Miller  
Vice-President-Tarlaysia Bryant  
Secretary-Wayne Thompson  
Asst. Secretary-Jhaniya McIntyre  
Sgt.-At-Arms-Z'ykeria Andrews



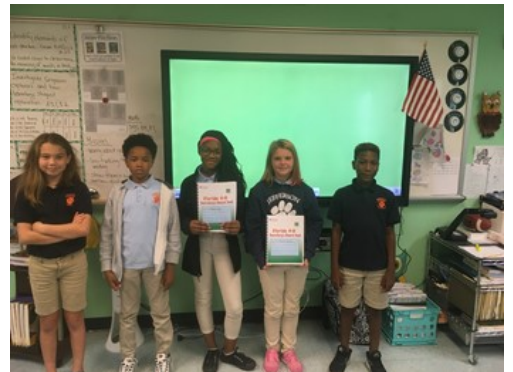
## Ms. Espinoza's Classroom 4<sup>th</sup> Grade Club

President-Isabella Alvarez  
Vice-President-Keion Enzor  
Secretary-Que'jes Grayer  
Asst. Secretary-Kemyra Harris  
Sgt.-At-Arms-Bre'Shawn Bellamy



## Ms. Rivera's Classroom 5<sup>th</sup> Grade

President-Brylee Weaver  
Vice-President-Camarion Crumity  
Secretary-A'zarria Pleas  
Asst. Secretary-Madison Pennington  
Sgt.-At-Arms-Zariyis Johnson



### Mrs. Mack's Classroom 5<sup>th</sup> Grade

President-Azaria Morris  
Vice-President-Takalyn Harley  
Secretary-Kymani Graham  
Asst. Secretary-Mariana Duarte  
Sgt.-At-Arms-Greg Hagan



### Ms. Nicolou's Classroom 5<sup>th</sup> Grade

President-Carlos Bates  
Vice-President-Trevon Ellis  
Secretary-Emari Rushing  
Asst. Secretary-Xavier Bennett  
Sgt.-At-Arms-Raymonta Clemons



## HICKORY HILL 4-H CLUB

President-Kiyerra Henry  
Vice-President-Raynesiah Hawkins  
Secretary-Aaliyah Smith  
Asst. Secretary-Winter Crumity  
Treasurer-Fantasia Hawkins  
Sgt.-At-Arms-Kato Henry



## EXPLORER'S 4-H CLUB

During 4-H National Week Mrs. Tammy Brookins of the Explorers Club attended the annual National Conference of the States 4-H International Exchange program. Speakers from across the country and around the world presented over three days. Topics covered included "How to support host families" and "Sharing the Global Impact of our program."

Mrs. Tammy has hosted four Japanese students over the last four years and served as a Local Coordinator last year for students from Tajikistan and Estonia.

If anyone has interest in hosting a student for a month in the summer or for an academic year, please get in touch with Mrs. Tammy at [tammybrookins@gmail.com](mailto:tammybrookins@gmail.com)



## TROPICANA PUBLIC SPEAKING

Your child is about to embark on the exciting and challenging world of public speaking.

**4-H/Tropicana Public Speaking Program.** This educational program, designed to introduce fourth, fifth, and sixth grade children to the concept of public speaking, is administered by Jefferson County 4-H and sponsored by Tropicana.

The 4-H County Wide Tropicana speech contest is **Tuesday, December 3<sup>rd</sup> at 6:00 p.m. at Aucilla Christian Academy Auditorium.**

Please contact the Extension Office for more information on contests at (850) 342-0187.






# 2019 PEANUT BUTTER CHALLENGE

SPREAD THE WORD...  
PEANUT BUTTER  
**FIGHTS**  
HUNGER!

Each 1-ounce serving of peanut butter contains **7 grams** of protein and **10%** of the daily recommended amount of dietary fiber.



The average child will eat **1,500** PB&J sandwiches before they graduate from high school.



Peanut Butter is also rich in the powerful **antioxidant vitamin E**, muscle-friendly **potassium & magnesium**, which helps build strong bones.



Some peanut varieties developed at UF/IFAS contain **higher levels** of a healthier monounsaturated fatty acid called **“oleic acid”** — the same that’s found in olive oil.



Donate unopened jars of peanut butter at the UF/IFAS Extension office in your county.

The Florida Peanut Producers Association matches donations.

All peanut butter donations go to local food pantries to help feed families in need.

Support your local producers and people in need in your community by generously donating to the Peanut Butter Challenge.

**FIND THE PEANUT BUTTER CHALLENGE DROP-OFF LOCATION CLOSEST TO YOU:**

[www.flpeanuts.com/industry/at-a-glance](http://www.flpeanuts.com/industry/at-a-glance) • [sfyl.ifas.ufl.edu](http://sfyl.ifas.ufl.edu)

Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_ 4-H District: \_\_\_\_\_ Program Year: 20\_\_\_\_\_



### Florida 4-H Participation Form



Note: This form must be completed by the participant and/or parent/guardian in order to participate in the 4-H program. All items must be completed, if the response is not applicable, indicate by using N/A. This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_

Home Address: \_\_\_\_\_  Youth  Adult  Female  Male

City, State, Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

#### Health History

Does the participant, have, or at any time had, any of the following? Check "Yes" or "No" for each item. Please explain "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.

- |                                    | Yes                      | No                       |
|------------------------------------|--------------------------|--------------------------|
| 1) Asthma _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions _____               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection _____             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia _____              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Insect Stings _____    | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses _____             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Wear Contact Lenses _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Penicillin Allergy _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Aspirin Allergy _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Tetanus Allergy _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Drug Allergies _____     | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergies _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Poison Ivy, Oak or Sumac _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Allergies _____          | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Other Health Conditions _____  | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Date of last Tetanus shot: \_\_\_\_\_

The following over-the-counter medications may be administered to my child, without contacting me.

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Antihistamine   | <input type="checkbox"/> Antacid   | <input type="checkbox"/> ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol)         |
| <input type="checkbox"/> Decongestant  | <input type="checkbox"/> Dramamine | <input type="checkbox"/> Hydrocortisone    | <input type="checkbox"/> Polysporin (topical antibiotic) |
| <input type="checkbox"/> Other _____ <input type="checkbox"/> Please contact me for permission to administer ANY over-the-counter medications. |                                    |  |  |

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

You must complete both sides.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 4-H County: \_\_\_\_\_

## Florida 4-H Participation Form: Youth and Adults

### Official Authorizations

**Florida 4-H Events—Youth/Adult Code of Conduct:** As a participant in Florida 4-H Events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that I must: 1) obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event. 2) Speak and act in a responsible, courteous and respectful way. 3) Act responsibly to maintain a safe environment for all participants. Report threats to the well being of a participant. 4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events. 5) Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program. 6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal. 7) Help others have a pleasant experience by making every attempt to include all participants in activities. 8) Be in the assigned program areas (example—dorms, cabins, programs etc.) at all times. If I am unable to attend, I will tell the adult in charge. 9) Dress appropriately for each event. 10) Not use a cell phone during any scheduled events.

**Participant:** Yes  No  I have read the Florida 4-H Code of Conduct 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.

**Verification by Parent/Guardian or Adult Participant—**

Yes  No  I understand and agree to the Florida 4-H Events Youth/Adult Code of Conduct above—considered a Parent/Guardian or Adult Participant Signature.

**Medical Release:** I understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child, or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will cover only a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses. *You must complete the medical information on the back of this sheet.*

Yes  No  I understand & Agree to the Medical Release, considered a Parent/Guardian or Adult Participant Signature.

**General Release:** I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands and causes of actions of any kind, including the claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Yes  No  I understand and agree to the General Release—considered a Parent/Adult or Adult Participant Signature.

If you, or your child, may not participate in any of the below items you must **“No”**.

**Publicity Release:** I authorize UF IFAS Extension and the Florida 4-H Foundation 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 Foundation.

**No, I do not authorize use of my—or my child’s individual image or voice.**

**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 competing a survey or an evaluation.

**No, I am not willing to participate—or give permission for my child to participate—in any program evaluation.**

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

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

You must complete both sides



*Save the Date*

**NORTHWEST FL**

**4-H TEEN**

**RETREAT**

February 21-23, 2020

4-H Camp Timpooshee

*The Foundation for The Gator Nation*

An Equal Opportunity Institution

Gulf-Franklin-Wakulla

**UF** | **IFAS Extension**  
UNIVERSITY of FLORIDA



Gadsden-Leon-Jefferson



# Northwest FL 4-H Teen Retreat Planning Meetings

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Sept. 24 / Oct. 22 / Nov. 19 /  
Jan. 14 / Feb. 11

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5:30PM CST/6:30PM EST VIA ZOOM

# NOVEMBER 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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					1	2
<b>3 Daylight Saving Time Ends</b>	<b>4 4-H County Council Mtg. 4:00 p.m.</b>	<b>5</b>	<b>6</b>	<b>7 Consumer Choices Judging 4:00 p.m.-5:00 p.m.</b>	<b>8</b>	<b>9</b>

<b>10</b>	<b>11 Veterans Day OFFICE CLOSED</b>	<b>12 3<sup>rd</sup> Grade 4-H Club Mtg. 2:00 p.m.-3:00 p.m.</b>	<b>13 Last Day for Consumer Choices Judging 4:00 p.m.-5:00 p.m.</b>	<b>14</b>	<b>15</b>	<b>16 4-H Day @ N. Florida Fair Bus Leave Office @ 10:30 a.m. Return @ 5:00 p.m.</b>
<b>17 North Florida Fair Last Day</b>	<b>18 4<sup>th</sup>, 5<sup>th</sup> &amp; 6<sup>th</sup> Grade 4-H Tropical Public Speaking School Contest @ 9:00 a.m.</b>	<b>19</b>	<b>20 4<sup>th</sup> Grade 4-H Club Mtg. 12:00-1:00 p.m. &amp; Mrs. West Class-1:00 p.m.-2:00 p.m.</b>	<b>21 5<sup>th</sup> Grade 4-H Club Mtg. 1:00p.m.-2:00 p.m.</b>	<b>22</b>	<b>23</b>

<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28 Happy Thanksgiving</b>	<b>29</b>	<b>30</b>
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