



Tri-County 4-H Camp Iowa 4-H Camper Health History Form

Must be completely filled out and provided with registration for your camp session. PLEASE PRINT CLEARLY IN INK or TYPE. Forms are in fillable PDF format (please Save As camper's name) or may be printed and complete. **Please include a copy of the front and back of health insurance card.** We use this information to: (a) Brief kitchen staff about diet needs; (b) Educate staff about camper needs; and (c) Provide healthcare staff with background about your child. *Receiving adequate information prior to your child's arrival is crucial to our ability to provide a supportive environment.*

Name _____ Birth Date: ____/____/____ Age at Camp: ____ Gender _____
First Middle Last

Home Address _____
Town / City State Zip

Emergency Contact Information:

First Contact _____ Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Second Contact _____ Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Third Contact _____ Relationship _____

Day Phone (_____) _____ Evening Phone (_____) _____ Cell Phone (_____) _____

Billing Information for Health Care: Parents/Guardians are financially responsible for health care given by an out-of-camp provider. To whom should we route charges for this camper's health care?

- This camper is not covered by family medical/hospital insurance
- This camper is covered by the following family health insurance carrier: _____

 **Photocopy of front and back of health insurance card must be attached to this form.**

Policy/Group #: _____

Name of person carrying the insurance: _____

Arrange preauthorization for your child's medical care if your insurance requires this.

- *We will have you call the Doctor Office with your credit card number for payment of treatment.*
- *We will have you call our pharmacy with your credit card number if we anticipate that a prescription will be ordered.*

Place of Employment: _____

Parent/Guardian Authorization for Health Care (Must be completed to participate*):

This health history is correct, and complete, to my knowledge and the person described has permission to participate in all camp/event activities except as noted by me. I hereby give permission to ISU Extension and Outreach staff or volunteers to provide routine health care, administer prescribed medication and over-the-counter medications as requested by parent, and seek emergency treatment including x-rays, routine tests, and routine first aid for the health of my child. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges to the attending physicians or health care unit (other than those covered by an ISU Extension and Outreach accident insurance plan). I understand that information about my child's health will be shared on a "need to know" basis. This completed form may be copied for off-site trips.

Signature of Parent/Guardian: _____

Printed Name _____ Date: _____

Last Name:

First Name:

Event:

Year _____

Health History Form -- Name:

Health History: To be completed by parent

Please keep a copy for your records and promptly update in writing any changes in your child's health status.

Name of family doctor: _____ Office number: _____

Name of family dentist: _____ Office number: _____

Allergies: Check those which apply to this camper.

- This camper has no known allergies.
- This camper has an allergy to the following food(s): _____. This causes anaphylaxis? Yes No
Describe the reaction if this food is eaten and what is done to manage it:

- This camper is allergic to the following medication(s): _____. This causes anaphylaxis? Yes No
Describe reaction: _____
- This camper has an environmental allergy: _____
This causes anaphylaxis? Yes No Describe reaction and what is done to manage it: _____
- This camper is allergic Bee or Wasp Stings. This causes anaphylaxis? Yes No
Describe reaction & how to manage it:

- This camper carries an Epi-Pen for an allergic reaction. Please send Epi-Pen with camper.

List any additional information about allergies this camper may have: _____

Diet: Check those that apply to this camper. We can work effectively with most medically prescribed diets but cannot cater to individual food preferences. Please call if you have a question about diet.

- This camper eats a regular and varied diet.
- This camper is a picky eater.
- This camper is a vegan vegetarian. Check items child **will** eat: Fish Chicken Eggs Milk Cheese Butter
- This camper is lactose-intolerant. Check one:
 - This camper uses a product like Lactaid and/or can self-manage the intolerance.
 - This camper needs a lactose-free diet that includes no lactose in baked items (i.e., breads, cookies, cake, etc.)
- This camper has an eating disorder _____
- This camper is diabetic. If yes, please bring appropriate medication.

Additional information regarding diet to assist with a healthy and safe camping experience.

- This camper does not take any medication.
- This camper takes routine medication. **Complete the Request for Giving Medication Form: Include**

ALL medications (including all over-the-counter medications) taken routinely by the camper. Bring enough medication to last the entire stay. All medication must be in its original packaging/bottle that identifies the prescribing physician (if prescribed), the name of the medication, dosage and frequency of the dosage.

Health Concerns: Check all that pertain to this camper and provide information about supportive health care. This camper has a recent illness, injury or surgery, which would affect program participation. Yes No
 If yes, explain _____

- This camper has no chronic health concerns and is capable of full participation in this program.
 This camper has the following chronic health concern(s): _____

These over-the-counter medications may be used to manage illness or injury during the camp or event and dispensed as directed by our medical protocols. CHECK those that your camper SHOULD NOT be given:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Antibiotic ointments/creams |
| <input type="checkbox"/> Allergy Medicine (Benadryl, Zyrtec) | <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Burn cream |
| <input type="checkbox"/> Sore throat drops\spray | <input type="checkbox"/> Cough drops or syrup | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Antacid (Tums, Rolaids) | <input type="checkbox"/> First Aid spray | <input type="checkbox"/> Zanafel (poison ivy cream) |
| <input type="checkbox"/> Anti-diarrhea (Imodium) | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Hydrocortisone cream |

Immunization History: Provide the month and year for each immunization. OR An Immunization Record may be attached with the information requested. Y Camp Immunization Requirements: Every camper must have an up-to-date immunization record on file at the time of check-in. These records are required to ensure that all Y Camp participants are properly protected from the diseases tetanus, mumps, measles, rubella, polio, pertussis (whooping cough), and diphtheria. The only exemptions from immunization requirements are for biophysical reasons (e.g., the individual is allergic to a serum component) or personal faith. All participants must complete an "Immunization Exemption" form if they are not immunized.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4
DTP: Diphtheria, Tetanus, Pertussis				
TD: Tetanus Booster		Must be current within past 10 years		
MMR: Mumps, Measles, Rubella		Measles booster (required prior to 7 th grade)		
IVP/OPV: Polio				
Hep B: Hepatitis B				
Hib: H. Influenzae, type b				

(If current tetanus booster date cannot be supplied, please initial this statement: "In case of an emergency, the attending physician may administer a tetanus booster." _____)

General History: Check "Yes" or "No" for each statement.

- ___ Yes ___ No This camper typically makes noise while sleeping (snores, talks in sleep, etc.)
 ___ Yes ___ No This camper has a history of bedwetting - please send extra bedding
 ___ Yes ___ No This camper has a history of sleepwalking
 ___ Yes ___ No This camper has a history of being afraid of the dark
 ___ Yes ___ No This camper usually gets up at night to use the bathroom
 ___ Yes ___ No This camper uses contact lenses (consider bringing an extra pair) or glasses to correct vision
 ___ Yes ___ No This camper has braces, retainers, or other dental item
 ___ Yes ___ No This camper has a history of violent behavior

Mental and Emotional Health: *Please check any of the following that this camper has been diagnosed with:*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Tic Disorder | <input type="checkbox"/> Tourette's syndrome |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Bipolar | <input type="checkbox"/> Pervasive Development Disorder | <input type="checkbox"/> Oppositional Defiant Disorder (ODD) |

This camper has had a mental health hospitalization in the past. Date of last hospitalization _____ Yes No
 This camper has seen or is currently seeing a professional to address mental/emotional health concerns..... Yes No
 This camper has a learning disability..... Yes No
 Other information regarding diagnosis: _____

What have we forgotten to ask? Please provide any additional information that you feel the staff will need to know to make this camp experience successful for your child. _____

Remember to provide a copy of the front and back of insurance card.

Request for Giving Prescription/Non-Prescription Medication at 4-H Event Form

Participant's First and Last Name _____

Name of 4-H Event Tri-County 4-H Camp

Location Y Camp, 1192 166th Dr. Boone, IA

Date of Event August 7-9, 2024

Medication will be administered following these guidelines:

- Parent signed and dated authorization (below) to administer the medicine completed.
- The medication must be in the prescription container or the container in which it was purchased.
- The prescription medication label contains the participant's name, name of medication, directions, and date.
- The medication must be stored with the Club Leader or authorized adult supervising the event, and it must be in the original container.

Name of Medication				
Medication dosage				
Dates to be given				
Time to be given				
Doctor who prescribed (if applicable)				
Prescribing doctor's phone number (if applicable)				
Additional information or administration instructions:				

I request the above participant be given the medication at this 4-H event by the Club Leader or authorized adult supervising this event according to the prescription or non-prescription instructions and a record maintained. The participant has experienced no previous side effects from the medication. I further agree that the 4-H Club Leader or authorized adult supervising this event may contact the doctor/prescriber as needed.

I give permission for common over the counter (non-prescription) medication and health care items to be administered to my child as needed to manage illness and injury. (Please cross out any your child cannot have.)

Acetaminophen

Antacid

Ibuprofen

Hydrocortisone cream

Diphenhydramine (name brand: Benadryl)

Antibiotic ointment or cream

For questions regarding the information provided on this form, please contact (print name, number):

Parent/Guardian Name (print) _____ Phone number _____

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from this 4-H event and to pick up remaining medication and equipment from the 4-H Club Leader or authorized adult supervising this event.

Parent/Guardian Signature _____ Date _____



This institution is an equal opportunity provider. For the full non-discrimination statement or accommodation inquiries, go to www.extension.iastate.edu/diversity/ext.



2024 Iowa 4-H Camp Participation Form

PARTICIPANT INFORMATION: Name _____ Dates of Participation August 7-9, 2024

DISCLOSURE: Iowa 4-H camping programs involve a variety of activities that often include swimming, sports, games, group initiative problems, ropes course elements, tower climbing, rappelling, canoeing, archery, creek walks, hiking, and other rigorous physical adventure activities. (The level of participation in a program activity is at all times completely up to the individual's choice.) Yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in 4-H camping programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

RELEASE OF LIABILITY: I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents, and Y Camp (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

BEHAVIOR POLICY: Campers are expected to exhibit appropriate behavior at all times. Inappropriate behavior will be discussed with the child when it occurs. Negative behavior affects more than just the camper involved in the misconduct; it affects all those around them. Parents/guardians will be notified any time their child is involved in negative behavior, whether initiating or receiving, and your input will be vital in our decisions.

In the event that a camper brings inappropriate items, including but not limited to drugs, alcohol, tobacco products of any type, weapons, or explosive devices (including fire crackers) to camp, parents/guardians will be contacted immediately to dismiss the camper. We also reserve the right to store campers' personal items that may be inappropriate to their stay. Items will be returned at the end of the camp session. If a camper is destructive to camp property (breaking windows, graffiti, etc.) the parent/guardian will be contacted for appropriate payment and/or dismissal from camp. The Iowa 4-H program reserves the right to dismiss any camper due to violence, bullying, or other destructive behavior. Registration fees may or may not be returned at the discretion of the camp director. This event has been planned with the campers in mind. We expect that participants will follow established rules and guidelines for all activities, and behave in a responsible manner that contributes to a positive living-learning community. Iowa State University staff reserve the right to inform parents/guardians and send any individual home at any time if they do not follow the set rules of safety or behavior.

For Camper (signature required for you to attend camp):

I agree to participate in all scheduled camp activities except where noted by my parent/guardian or by a physician. I also agree to follow established camp rules and behavior policies.

Camper Signature: _____ **Date:** _____

PARENTAL/GUARDIAN WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give

permission for my (our) child _____ (child's name) to participate in the 4-H camp program and associated off-site field trip(s), with transportation in Y Camp vehicles, Iowa State University vans, with ISU approved drivers, or in approved ISU charter vehicles. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate. I/we have read and understand all sections of this form.

Parent/Guardian Signature _____ Date: _____

PUBLICITY/IMAGE/VOICE PERMISSION (Be sure to complete this section.)

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the camp coordinator. _____ initial _____ date

**Iowa 4-H Youth
Water Activity Release Form**

The Tri-County 4-H Camp August 7-9, 2024 at the YMCA Camp near Boone will include swimming or other water activities (i.e. canoeing, swimming). Before campers can participate in water activities, this form must be signed and on file. Participant's ability to swim and parental permission are indicated below.

Participant Name: _____ Emergency phone number: _____
(Print Clearly)

- I know how to swim and can swim at least one length of the pool.
- I DO NOT know how to swim.

Signature of Participant: _____ Date: _____

Health Requirements. Participant must be healthy and reasonably fit to safely participate in water activities. By signing this release form, the Participant **and** Parent/Guardian agree:

1. That Participant has the requisite physical fitness and ability to participate safely in water activities.
2. To inform the 4-H club leader, chaperones, and other supervisors of any medication, ailment, condition, or injury that may affect performance in the water activity.
3. To bear all financial responsibility for any medical treatment arising from participation (other than those covered by an Iowa State University (ISU) Extension & Outreach accident/injury insurance plan).
4. That if an injury or other medical condition occurs or arises, a 4-H club leader, trip chaperone, or other ISU representative has permission to provide routine first aid or seek emergency treatment including x-rays or routine tests. In an emergency situation, the club leader, trip chaperone, or other ISU representative has the authority to secure treatment, including hospitalization and to contact the individual(s) listed in the emergency contact form.
5. To the release of any record necessary for treatment, referral, billing or insurance purposes.

I understand that swimming and other aquatic activities are inherently risky and there is always a risk of serious injury, including but not limited to drowning and head/brain injury. I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in this activity. By participating in this activity there are certain safety procedures that must be followed.

I hereby assume all risks for my child's personal injury (including death) that may result from any water activity. I do hereby release the Y Camp, State of Iowa; Board of Regents - State of Iowa; Iowa State University, ISU Extension & Outreach, the Iowa 4-H program, and the Boone, Grundy, Hardin, Marshall, Story and Tama County Agricultural Extension Districts and their officers, employees, and agents from all liability, including claims and suits at law or in equity, for loss, damage or injury, fatal, or otherwise which may result from my child taking part in water activities while attending the Tri-County 4-H Camp.

My child **has permission** to participate in swimming activities while attending the Tri-County 4-H Camp on August 7-9, 2024 at the Des Moines Y Camp near Boone.

My child **has permission** to participate in other water activities while attending the Tri-County 4-H Camp on August 7-9, 2024 at the Des Moines Y Camp near Boone.

My child **DOES NOT have permission** to participate in water activities (swimming and canoeing) while attending Tri-County 4-H Camp on August 7-9, 2024 at the Des Moines Y Camp near Boone.

Name of Parent/Guardian: _____
(Print Clearly)

Signature of Parent/Guardian: _____ Date: _____

Camp Store Form

Tri-County 4-H Camp August 7-9, 2024

Each day, campers will have the opportunity to visit the camp store to purchase snacks, memorabilia, and clothing. To prevent the temptation for over-spending and stomachaches, campers are limited to purchasing a maximum of 2-3 consumable items each day. Costs range from \$1.00 (candy and beverages) to \$15-\$35 for Y Camp apparel.

Snacks from the store will be considered part of they snack time food during camp.

Campers will turn in the store form and money (cash, preferred, or check payable to Des Moines Y Camp) during check-in.

Any unused money will be returned at check-out.

Balances will be kept on individual cards by camper name and be updated during store visit time.

PLEASE NOTE: Please DO NOT send snacks with your camper. Food in cabins can attract unwanted pests.

**This form and store money are to be brought with you to camp
on check-in day, August 7.**

I WOULD LIKE TO OPEN A STORE ACCOUNT FOR THE FOLLOWING CAMPER:

Camper's Name: _____ Session: _____Tri-County 4-H Camp_____

I would like to open their account with: ___\$10.00 ___\$15.00 ___\$20.00 ___\$30.00 ___\$40.00 \$____(other)

Bring CASH (perferred) or check payable to Des Moines Y Camp.

Parent Signature: _____ Date: _____

**Your camper's unspent money will be given back in cash only
and returned to parents/guardians during camper check-out.**

If you **do not** wish for _____ (camper's name) to participate in the

Camp Store, please sign here. _____ (Parent/Guardian)