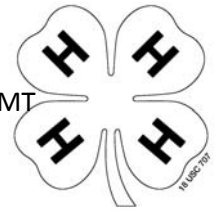


2017 Ravalli County 4-H Junior Camp Application



Date: July 18-21, 2017 (Tuesday-Friday)

Location: Loon Lake 4-H Camp – Big Fork, MT

Age: Geared for youth 4-H Age 8-12 (4-H Age is age of youth on Oct. 1, 2016)

Register by Wednesday, June 30, 2017 or until full - Refunds until July 5, 2017

Cost: **\$105** for current 4-H members
\$135 for non 4-H members
Free for Counselors & Chaperones

Cost includes transportation, nine meals, snacks, cabin bunk with mattress, hot showers, canoeing, swimming, campfires, fun workshops, games, and dance.

Register: Return form **with payment** to:
 Ravalli County 4-H Council
 215 S. 4th Street Ste G
 Hamilton, MT 59840

Questions? 375-6611
4-H Scholarships available: complete scholarship request form with application. Secure spot with \$10 deposit per youth. Scholarship recipients will be notified as soon as possible.

Name:	
Address:	City and Zip:
Phone:	4-H Age: DOB:
Email:	Male Female (circle)
What kind of swimmer are you?	Poor Fair Good Excellent (circle)
PARENT: Can your child sleep on the top bunk?	Yes No (circle)
CAMPER: One friend I would like in my cabin:	Kid T-shirt size: S M L XL
	Adult T-shirt Size: S M L XL
I would like to be picked up at: (circle one)	Hamilton – Kmart Parking Lot (8:15 AM)
	Florence – Town Pump Lot (9:00 AM)

Code of Conduct

1. Have fun and be safe! Participate in everything! Be on time!
2. Wear your name tag (except when sleeping, swimming or showering)!
3. Drink water regularly. A refillable water bottle will be provided!
4. Be at the dock **ONLY** when lifeguard or canoeing instructor is present!
5. Stay on the premises!
6. If you feel sick, tell the camp staff or an adult!
7. Girls only in girls' cabins, Boys only in boys' cabins!
8. Wear appropriate clothing: Swim suit in the lake; appropriate clothes on at all times, hat off in dining room; shoes on when walking outside!
9. Quiet and cabin time is from 10:30 pm to 7:00 am for sleeping and for being good neighbors!
10. **No:** Pranks! Fireworks! Foul Language! Alcohol! Illegal Drugs! Tobacco of any kind! Items that could cause harm to other campers!
11. Follow the direction of camp leaders!

I agree to follow the Code of Conduct. Date and Signature of Applicant:

I understand that in the event of misconduct, the applicant will be sent home at the parent's expense.
 Date and Signature of Parent or Guardian:

(Please complete information on back)

There will be a CPR and First Aid holder and a certified lifeguard at camp.

All camp participants must complete a Medical Release Form for 4-H Youth & Adults .
If your child requires a prescription or over the counter medication while at camp, a Physician Order Form must be signed and sent to the Extension Office prior to giving the child the medication at camp. You may have your health care provider fax the form to the Extension Office at Fax: 375-6606.
Please indicate here if you will submit a Physician Order Form for Youth : Yes No (circle one)
Describe any physical restrictions:
Is there other information we should know about the applicant to ensure his/her well-being?

In case of medical emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the applicant. In case of minor emergency, I hereby give permission for the camp CPR and First Aid provider or qualified camp staff to administer first aid. Parents will be notified of serious physical conditions requiring off-site medical attention.

I give permission for the camp staff to administer nonprescription medications to my child (check all that apply):

Acetaminophen (Tylenol), Ibuprofen (Advil), Cough syrup, Antacid (Tums, Mylanta),
 Antihistamine (for allergic reaction)

Media Release

MSU Extension - 4-H would like to use photos or video of the participant during 4-H events or activities to use in press releases and other publicity. The photo or film may be used for the following purposes:

- Website
- Press Release
- News Story
- Marketing Materials
- Other

CONDITIONS OF USE:

1. We will not use personal details or full names (first name and last name) of any participant in a photograph on our web site.
2. We will not include personal e-mail or postal addresses or telephone numbers on our web site or in other printed publications.
3. We may use the name of the child in accompanying text or a photo caption.

I DO authorize the use of photos or video of the applicant at 4-H events or activities.

I DO NOT authorize the use of photos or video of the applicant at 4-H events or activities.

Consent to Participate

Description of Event: RAVALLI COUNTY 4-H CAMP. *This four to five day event held at Darrell Fenner Loon Lake 4-H Camp provides a variety of workshops such as crafts, canoeing, games, dance, campfires, archery, and swimming. Campers sleep in cabins with an adult chaperone and teen camp counselor(s). Transportation to and from camp is provided by school bus.*

Consent: I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the adult leader(s). In consideration of my/our child's being permitted to participate in the Ravalli County 4-H Junior Camp, I/we hereby assume all the risks associated with participation and necessary travel. We understand that if we have any questions about this event and its activities, we can secure more information before signing this consent form by calling the MSU/Ravalli County Extension Office, 375-6611. I have read, consent, and agree, individually and, as a parent or guardian of the minor named above, to the foregoing terms and provisions. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

I agree to follow the Code of Conduct. Date and Signature of Applicant:
I understand that in the event of misconduct, the applicant will be sent home at the parent's expense. Date and Signature of Parent or Guardian:

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION:

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian: (YOUTH ONLY): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY:

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

Date of Last:

Tetanus Shot: _____ Polio Shot: _____ Mumps Shot: _____ Measles Shot: _____ Rubella Shot: _____

Medical Information: (check all that apply and explain if necessary)

- | | |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems | <input type="checkbox"/> Any allergies to food or plants |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar) | <input type="checkbox"/> Special diet or food restrictions |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Are you currently taking medications? |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication | |

AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, _____ do hereby give permission to _____

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child _____

YOUTH Participant Name

Parent/Guardian Signature _____ Date _____

ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) _____ Date _____

IF YOUTH: Parent/Guardian Signature _____ Date _____



MONTANA
STATE UNIVERSITY

EXTENSION



Montana 4-H Center
FOR YOUTH DEVELOPMENT

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.

Physician Order Form for Youth

Permission for medication to be given at:
Ravalli County 4-H Summer Camp, July 18-21, 2017

This form is required if a camper requires a prescription or over the counter medication while at camp. It must be sent to the MSU/Ravalli Extension Office prior to giving the child the medication at camp. You may have your health care provider fax to the MSU/Ravalli County Extension Office at fax: 375-6606.

Questions? Please call 375-6611 or ravalli@montana.edu

Name of camper: _____ **DOB:** _____

Diagnosis: _____

Medication: _____ Dosage: _____

Purpose of medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Additional instructions: _____

Diagnosis: _____

Medication: _____ Dosage: _____

Purpose of medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Additional instructions: _____

Date

Signature of Physician or Health Care Provider

Name of Health Care Practice

I request that MSU Extension/Ravalli County 4-H Summer Camp Staff designated staff administer the above medication to my child at camp as ordered. I will deliver the medication in the original package or prescription bottle, with the name of the camp, the name of the medication and the dosage to the Camp Staff at arrival to the camp bus.

Date

Signature of parent/guardian