

Williams County 4-H Cloverbud Camp

Wednesday, June 7, 2023

4-H Cloverbud Camp will be Wednesday, June 7th from 1:30 p.m. until approximately 8:15 p.m. (after campfire) at 4-H Camp Palmer near Fayette, Ohio. Parents are invited to attend the final campfire which will start at 7:15 p.m.

Cloverbud campers will receive a camp t-shirt at check-in. This t-shirt is theirs to keep and can be worn for the duration of their time at camp.

Any youth at least 5 years old and in K-2nd grade (as of Jan. 1) is eligible to attend. Current Cloverbud members may attend at a cost of \$30.00. Non 4-H members who are Cloverbud age may register on a first come, first served basis at a cost of \$35.00. This cost includes a family-style meal, T-shirt, activities, crafts, and instruction.

Please return your Camp Registration, Health Form, and fee to the OSU Extension Office in Williams County as soon as possible. The final enrollment deadline is May 12.

Sincerely,

Jessica Runkel
4-H/ANR Program Assistant

Our goal is to encourage youth to develop team work, social learning, responsibility, self-esteem and decision making abilities at 4-H Camp through group work. Camp activities will include positive competition and special evening recreation. There will be "get acquainted" games, camp songs, activities, and the ever-favorite campfire.

Ohio State University Extension

Williams County
1425 East High, Suite 112
Bryan, OH 43506

PH: 419-636-5608
Fax: 419-636-0595

<http://williams.osu.edu>

Facebook:

www.facebook.com/willextension
www.facebook.com/will4h
www.facebook.com/will4Hhorse

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Office Hours

Monday-Friday 8:00
am – 4:30 pm



THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



williams.osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

Directions to 4-H Camp Palmer

The address for Camp Palmer is 26450 Co. Rd. MN, Fayette, Ohio 43521.

Traveling North on US 127, turn right on Williams County Road O and follow the 4-H Camp Palmer and Harrison Lake State Park signs. This road turns into Fulton County Road M. Take County Rd M until it turn left on to Fulton County Road 27-1, then turn left onto Fulton County Rd 27, travel 0.5 mile, turn right onto Fulton County Rd MN and follow the signs to Camp Palmer.

In case of emergency, your child can be reached at 4-H Camp Palmer by calling 419-237-2247. There are no cell phones allowed at camp.

Camp Palmer Facilities

All Camp Palmer activities are held in various facilities, including the Craft Hall, Nature Center, Recreation Hall, and Dining Hall.

Recreational activities take place on the sports fields, volleyball court, tennis court, basketball court and miniature golf courses. Campers will swim in the brand new Olympic-sized pool.

Cloverbud campers will enjoy camp tours, crafts and other fun activities while being introduced to the surroundings at Camp Palmer. This is a great way to introduce your little camper to the 4-H camping experience!

What to Bring to Cloverbud Camp

All youth need to wear closed-toe and heeled shoes (no sandals). Please mark all items of clothing with child's name in permanent marker.

- ☐ Closed toed shoes
- ☐ Sandals/flip flops for pool
- ☐ Swimsuit and beach towel
- ☐ Jacket/sweatshirt
- ☐ Insect repellent (non-aerosol)
- ☐ Plastic bag for wet towel/swimsuit

If you have questions about camp, please feel free to contact the OSU Extension, Williams County Office at 419-636-5608.

WILLIAMS COUNTY 4-H CLOVERBUD CAMP REGISTRATION**Due: May 12, 2023**

Camper Name _____ Age _____

T-Shirt Size: Youth S____M____L____ Adult S____M____L____

4-H Club _____ Gender _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____ County _____

Email _____ Telephone _____

Registration Fees (select one):

☐ 4-H Cloverbud Member - \$30.00☐ Non 4-H Member - \$35.00

Amount Enclosed: _____

Make Payable/Return to:

Williams County OSU Extension
1425 East High Street, Suite 112
Bryan, OH 43506**Camp Commitment**

I understand that I, _____ (name of youth) will be expected to participate in all parts of the Williams County 4-H Cloverbud Camp and follow the planned program. I understand that full time attendance is required unless an early release or late arrival is requested in writing at registration. No youth is allowed to return to camp once they have been released. I agree that I am not to have or use any form of tobacco, alcoholic beverages or other drugs, or firecrackers while at camp. I agree that I will not leave the camp grounds without the permission of the Camp Director. I will conduct myself with respect for others at all times and will cooperate with the camp staff. I understand the camp areas are restricted to boys in the boys cabin areas and girls in the girls cabin area. I will not deface or destroy any camp property. If I break any part of this agreement, I understand I will be sent home without refund of my fees and at my own expense.

Youth Signature _____ Parent Signature _____

Have you included?: Health Form ☐ ; Photo ☐ ; Payment ☐

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases: Provide the date (approximate is acceptable) at which participant has had or was exposed to: Chicken Pox _____ Measles _____ Whooping Cough _____ Tuberculosis _____ Mumps _____ Other Communicable Diseases _____
Immunization/Vaccine Record: <input type="checkbox"/> To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school. <input type="checkbox"/> The participant has received a Tetanus Booster. Date of last booster: _____ If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form (available at the Extension Office or at https://williams.osu.edu/camp).

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
 (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- ☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- ☐ I have dietary restrictions (describe below).
- ☐ I have limited mobility (e.g. crutches, cane, etc.).
- ☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- ☐ I require the use of medical equipment that needs electricity (describe below).
- ☐ I require other accommodations not listed above (describe below).
- ☐ I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp/Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

 _____.

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date