

Resident/Day Camp
Summer 2024

Email staff.pr4hc@gmail.com
Cell Phone 301 312-5292(text or call)

Welcome to Summer Camp at Patuxent River 4-H Center!

We are so excited your child(ren) will be joining us for summer fun, growth, and learning. Choosing a camp is a big decision, and We are thrilled you have entrusted us with your child's care. Our goal is for campers to have an amazing camp experience, and for parents to feel confident in our outstanding staff and excellent program.

At the Patuxent River 4-H Center, your child will experience the awe of nature while exploring the stream, hiking the woodlands, and learning about various wildlife. They will not even realize the life skills they are learning all while making new friends, playing games & creating spectacular art. We instill communication, team building and integrity throughout all our activities. Archery, woodworking, simple cooking, problem solving activities and even slip & slide have life skills attached.

Campers are expected to be unplugged from electronics and engaged in activities with new & old friends alike in our beautiful rural outdoor setting. It is a chance for them to get away from the stresses such as expected sports achievements and social media. It does not however get them out of some "chores" as they are encouraged to help clean up and be responsible for their belongings. Those in our resident camp will quickly find out they need to make up their bunk & help keep the cabin tidy. The Golden Dustpan displayed on the cabin door speaks!

Your child's health and safety are of utmost importance to us. Our staff is trained and prepared to meet your child's needs and to respond in the unlikely event that something more urgent arises. Please let us know anything you believe is important to remember when caring for your child(ren).

This Welcome Packet is a guide to help prepare to send your child to camp. Please look carefully through the information. We realize it is a lot however, all forms are important and must be signed & returned no later than June 24th. We are happy to help with any questions or concerns. We cannot wait to see you this summer!

Peace,

The Patuxent River 4-H Center Camp Staff

Check in & out procedures:

Do Not Park in the circle drive in front of building

***We do not offer before and after care. You will be charged \$15 if your child is picked up 4:15 – 4:30 and \$20 after 4:30 and every 15 minutes thereafter. Also, your child(ren) may not be allowed to return to camp and all camp tuition is forfeited.**

Monday-

Resident Campers – check in 8:30-9:00 in main building with blue roof. You will need to bring all medication, sun screen & bug repellent and water bottle to check in. Leave luggage in vehicle as you will be instructed where to go after you have been checked in.

Day Campers- sign in 9:00-9:30 in main building with blue roof. Bring all medication, sun screen & bug repellent to be checked in.

Day campers sign out 3:45-4:15 from pick up line next to barn near parking lot. Parents remain in vehicle; a staff member will bring your Child(ren) to the car. ***We do not offer before and after care.**

Tuesday- Thursday-

Day campers – Sign in 8:50-9:15 from vehicle in drop off line next to barn near parking lot. *Our gate gets shut about 10 am* please call if you are late & gate is shut (301 312-5292)
We do not offer before and after care

Sign out - 3:45-4:15 from pick up line Parents remain in vehicle; a staff member will bring your Child(ren) to the car. *** We do not offer before and after care.**

Friday-

Day campers – Sign in 8:50-9:15 from vehicle in drop off line next to barn near parking lot. *Our gate gets shut about 10 am* please call if you are late & gate is shut (301 312-5292)

Resident and Day Campers- sign out We encourage families to arrive and park in lot by 3:45. Then come to the main building to collect medication, sunscreen & bug repellent, and get your camper signed out prior to our closing ceremony. The closing ceremony starts at 4:10 and is typically held in the main building where all their belongings can be collected after the ceremony. The campers will enjoy taking you around to see & collect all their projects displayed from the week. Expect ceremony to last about 20 minutes.

Please check the lost & found table on your way out.



Patuxent River 4-H Center Foundation (PR4HC)

RELEASE AND INFORMED CONSENT FORM YOUTH (PARENTAL CONSENT)

EVENT NAME: PR4HC 2024 Summer Camps

My minor child, listed below, wishes, and has my permission to fully participate as a part of The Patuxent River 4-H Center Foundation program. The program is held on Maryland National Capital Park and Planning Commission property. Some activities are designed and run by University of Maryland Extension. My child may participate in all activities associated with the above-named event unless otherwise noted on the activity approval form. In connection with and consideration of my child's participation in the Event, I, on behalf of my child and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a PR4HC or UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
2. I understand participation in the Event is purely voluntary and my child is not in any way required to participate. I want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation. It is recommended that participants have a physical

examination to determine their fitness for participation. Should my child require emergency medical treatment or first aid because of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify PR4HC in writing if my child has any health or medical conditions that may affect his/her participation and/or about which emergency personnel should be informed. I further understand that PR4HC, UME & MNCPPC does not provide medical, health or other insurance for Event participants; and I represent and warrant that my child has adequate medical, health and/or other insurance.

4. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my child's participation in the Event and/or related activities.
5. I agree that my child and I will abide by all rules and regulations applicable to participation in the Program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, The Patuxent River 4-H Center Foundation, University of Maryland Extension, Maryland National Capital Park & Planning Commission and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of PR4HC, UME, MNCPPC or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND THAT I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participants printed name

Age

Birthdate

Printed Name of Parent/Guardian

Parent/Guardian's Signature

Date

Patuxent River 4-H Center summer camp

MEDIA RELEASE Form

I do hereby consent and agree that the Patuxent River 4-H Center may take photographs and/or video/audio recordings of my child's participation in this Event. I consent that the Patuxent River 4-H Center may use any such photographs or recordings for educational and/or promotional materials. I further consent that my child's name may be revealed in such materials by descriptive text or community. I hereby release to the Patuxent River 4-H Center all rights to exhibit this work publicly or privately, including posting it on the Patuxent River 4-H Center Website and associated social media platforms. I waive any rights, claims or interests I may have to control the use of my child's identity or likeness in the photographs, video or audio recordings, and agree that any uses described herein may be made without compensation or additional consideration.

Printed Name of Parent/Guardian

Date

Parent/Guardian's Signature

Date

University of Maryland Extension and Patuxent River 4-H Center programs are open to all citizens without regard to race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, national origin, marital status, genetic information, political affiliation, and gender identity or expression

Patuxent River 4-H Center Camp policies for campers and internet

We have asked your parents to go over some policies we have developed about the internet and other important issues, so everyone has the best experience at camp as possible.

- 1) We view e-mail, texts, and social networking sites, like facebook, Instagram and snapchat as positive ways for you to express yourself and keep in touch with your friends. As a camper you have the right to exchange e-mails or text with other campers and invite other campers to be your "friends" list in any way you and your parents see fit.
- 2) When it comes to exchanging contact with anyone on our staff, however, your parents must take full responsibility for you to do that. This includes giving or getting an e-mail address, cell number, social networking profile, weblog, or any other internet contact. (we tell this to the staff during orientation) It is not that we do not think your relationship with your counselors are important. They are! It is just that, once they leave camp, we cannot take responsibility for what happens between you and them- *only your parents can*. If your family is interested in making contact after camp with a staff member, your parent must contact our office for permission at 301 312-5292
- 3) Regarding e-mails, texts, and comments you might make to other campers on their networking site, we ask you:
 - A) To keep what you say positive and respectful of staff and campers alike;
 - B) Use language free of obscenities, vulgar or sexual language;
 - C) Use language that is free from mean or threatening things to or about other campers or staff;
 - D) Do not post pictures online that would embarrass or violate anyone's privacy
 - E) Only represent yourself online with honesty and integrity. Refraining from spreading of false or hurtful information towards others;
 - F) Use websites or blogs or e-mails to talk about things that would be in support of camp ideals and in the motto of mutual respect.
- 4) Most internet communication is positive, and that is great! In the rare case where there might be any negative messages to other campers or staff, our policy is to call the parents of campers who send those messages and share the content with them.
- 5) We will use any legal means available, including contacting the police and the FBI, to track the source of any offending or threatening internet communication if we need to.
- 6) Any camper who violates any of our policies regarding the internet or other communication might have to leave camp, might not be able to come back to camp and might even have to answer to the police or other law enforcement authorities.
- 7) We want you to be safe on the internet. **If you receive a threatening e-mail, text or message on your personal website- one that is mocking, uses vulgar or harassing language- here is what to do;**
 - a) Do not respond to the message or retaliate, because it might encourage the sender or get you in trouble.
 - b) If possible, record the message onto your hard drive.
 - c) Print out a copy of the message, then close it but **do not delete it**.
 - d) Tell your parents about it and have them notify the local police or, if necessary, contact your internet service provider (like yahoo, gmail, AOL, earthlink)
 - e) If you suspect the sender is from camp, call us immediately.
 - f) You or your parents can also contact Pedowatch (www.pedowatch.com) or the National Center for missing and Exploited Children (www.nemec.org)

Camp is meant to be a fun, safe and happy place for all of us. We need your help to keep the way people form camp communication with one another positive and in the spirit of camp- a way that makes everyone feel safe,

Camper Name _____ Camper signature _____

Parent signature _____ Date _____

Patuxent River 4-H Camp Program

Camper's Name: (please print) _____

ACTIVITY APPROVAL FORM

Your child can participate in a wide range of activities while at camp. Please indicate your approval of your child's participation next to every activity. **If you do not initial an activity your child will not participate in it at camp.** If you have questions or concerns, please call the office to discuss them prior to initialing for the activity.

All activities may not take place during all camps

INITIAL HERE:

_____ **May participate in all**

OR INITIAL INDIVIDUAL ELECTIVES:

_____ Archery

_____ Arts and Crafts

_____ Challenge Course (low ropes)

_____ Hiking

_____ Nature/stream exploration

_____ Outdoor cooking

_____ Science/Engineering activities

_____ Sports/Recreation (group games)

_____ Simple cooking classes

_____ Water Activities (slip and slide, water balloons, etc.)

_____ Inflatables (i.e., bounce house, waterslide)

_____ Wildlife presentation

Parent's Signature: _____ Date: _____

PATUXENT RIVER 4-H CAMP ANTI-BULLYING AGREEMENT & Code of Conduct

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: using e-mails, text messaging, instant messaging, and other less direct methods. This type of bullying can also lead to persons being hurt during or between the camp seasons and be especially hurtful when persons are targeted with meanness and exclusion.

At Patuxent Camps, bullying is inexcusable, and we have a firm policy against all types of bullying. Our Camp philosophy is based on our mission statement that ensures that every camper can learn responsibility, discover new skills, and develop positive team building and leadership skills. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with great memories.

Unfortunately, persons who are bullied may not have the same potential to get the most out of their camp experience. Our leadership addresses all incidents of bullying seriously and train staff to promote communication with their staff and their campers so both staff and campers will be comfortable alerting us to any problems during their camp experience and between camp seasons. Every person has the right to expect to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great time at Patuxent River 4-H Camp programs.

Code of Conduct:

I shall be respectful & considerate to all, campers, staff & special guests by using kindness in my actions & words

I will be respectful to the facility property and other's belongings- I will not damage or take things

I will not speak, gesture, or wear profanity, violence, crudeness, racism, or other inappropriateness

I will always try my best and encourage others

I will abide all rules and not wander off

I understand everyone is unique & all may not have the same talents or skills however, do deserve the same opportunities

I/we agree to the above

Parent/Guardian Signature: _____ Date: _____

Camper's Signature: _____ Date: _____

Patuxent River 4-H Center Camp Program Sunscreen/Bug repellent Authorization Form

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen & bug repellent at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below.

Please read the following regarding use and application of sunscreen and/or bug repellent at Patuxent River 4-H Center camps. The authorization statement must be completed and submitted along with sunscreen/bug repellent labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week, if the brand of these changes, or if a new bottle is supplied at any time.

Please address questions about this policy to your
Camp Coordinator.

CAMPS SUNSCREEN/BUG REPELLENT POLICY

1. Each Camper's parent/guardian must provide written permission for use and application of sunscreen/bug repellent on their child.
2. Sunscreen/bug repellent containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must be submitted along with the sunscreen and/or bug repellent.
3. Campers should, in most instances, apply the sunscreen/bug repellent on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below).
4. For Day Camps, Campers need to have sunscreen/bug repellent applied to them by the parent/guardian BEFORE arriving at camp, not when dropping off.

Patuxent River 4-H Center Camps SUNSCREEN/BUG REPELLENT AUTHORIZATION

(Complete and sign appropriate block below)

Camper's Name: _____ Camper's Age: _____

Brand of Sunscreen: _____ SPF: ____ Expiration Date: _____

Brand of bug repellent: _____ Expiration Date: _____

I give permission for members of the PR4HC Camp Staff to assist in applying sunscreen/bug repellent to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Application will be done in the presence of other staff members. I understand that staff will not apply to my child's front torso or upper legs, but will assist and/or direct the child to do so.

In the event my child does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize members of the PR4HC Camp Staff to use camp supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

OR

I DO NOT give permission for PR4HC Camp Staff Members to assist in applying sunscreen/bug repellent to my child.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

**PATUXENT RIVER 4-H CENTER
DAY CAMP PACKING LIST**

**For campers to fully enjoy our program, we suggest each camper
BRING THE FOLLOWING:**

- Swimsuit & beach towel (one piece or t-shirt to cover, no thongs)
- Spare change of clothes
- Water shoes or old tennis shoes (for stream exploration & water activities)
- Please wear tennis shoes or shoes with back straps & closed toe (*no flip flops*)
- SUNSCREEN, INSECT REPELLENT – **must be checked in**
- Reusable water bottle
- Jacket /rain coat/rain poncho
- Comb or Brush

- **MEDICATIONS** – if your child has any prescription medications that he/she will need during camp, we require medication form signed by doctor and parent. Medication will also need to be in the original pharmacy container, labeled with child's name, medication, time an amount to be taken as well as any side effects. Please send only the amount needed for the week. **WE WILL NOT ACCEPT MEDICINE in any other container. (This is a STATE LAW) must be checked in**

Things to leave at home / DO NOT BRING:

- PLEASE DO NOT SEND SNACK FOOD IT ATTRACTS CRITTERS INTO THE CABINS AND ACTIVITY AREAS
- Any valuable items (jewelry, money)
- NO Cell Phones or other electronics
- WEAPONS (including camp knives)
- Drugs or Alcohol, cigarettes, E-cigs, vapes, Jules or the like
- Personal sports equipment-we have all needed equipment available at camp

NOTE: Please LABEL all personal belongings with campers first & last name. We keep lost & found items for 1 week after our last camp ends. We are not responsible for campers lost items.

Campers may bring a bag to leave on site for the duration of the camp

Cameras are welcome but no photography allowed in cabins or restrooms.

Use of Uber, taxis, door dash, uber eats & the likes are prohibited.

Resident Camp Packing Guide

You will be at camp for 5 days (Monday-Friday) and four nights. Please keep this in mind while you are packing. During the day, the temperature can be very high but we suggest bringing a long sleeve shirt, & long pants to wear in the evening.

Each camper needs:

- A sleeping bag OR two sheets and 1 or 2 blankets (We suggest putting a twin fitted sheet on mattress even if you bring a sleeping bag)
 - Pillow
 - 2 pairs of sneakers/tennis shoes that are comfortable to wear for active play. ***Flip flops, Sandals or open toe/open heel shoes are not allowed. May bring flip flop to use during shower time.***
 - water shoes for water activities. You may prefer rain boots for stream exploration but should still use water shoes for other water activities
 - Plenty of socks (***at least one pair for each day.***)
 - Play clothes and undergarments for the entire week. Please bring comfortable clothes that you can play outdoors in. You may want to pack extra clothing in case of rain, spills, etc. Keep in mind we may paint or get messy. No crop shirts or halter tops
 - A bathing suit- one piece please or tee shirt to wear over, no thongs
 - At least one pair of long pants.
 - Rain gear/poncho
 - Pajamas
 - Toiletry items, including
 - o Toothbrush and toothpaste
 - o Soap and washcloth
 - o Shampoo
 - o Brush and comb
 - o Other items as needed
 - 3 towels (2 bath towels, 1 beach-type towel for water activities)
 - Flashlight
 - Sun block (will be stored in activity hall) **put in a sealed plastic bag with name on it for ID purposes**
-
- Bug spray (will be stored in activity hall) **put in a sealed plastic bag with name on it for ID purposes**

Other acceptable items that campers may bring:

(All are optional!)

- An inexpensive camera (we recommend disposable) **NO photo taken in cabins or restrooms**
- Journal/pen
- Stationary/envelopes/stamps to write home
- Book to read during quiet cabin time
- Medication if taken (will be stored in health room and supervised by health staff)
- Wristwatch
- Baseball cap
- Sunglasses
- Bathrobe

PLEASE do not send your camper with any of the following items. They will be confiscated and returned at the end of camp (if appropriate.)

- Money (other than \$10 for snack that will be collected at check in) \$2 per day for drink & candy from snack bar
- **Cell phone – in the event of emergency, parents will be contacted. If you need to reach your camper, please call the center 301 312-5292 or email staff.pr4hc@gmail.com**
- Electronic games/toys, iPod, speakers etc...
- Food or beverages
- Knives, including pen knives
- Other weapons of any kind, or toy weapons
- Illegal substances of any kind, cigarettes, chewing tobacco, vape type devices
- Aerosol cans
- **Perfumes or scented body sprays** (these can aggravate the allergies of other campers.)
- Anything expensive or fragile – the camp cannot be responsible for the loss of or damage to valuable items brought to camp.
- Animals or pets
- Personal sports equipment
- Curling Iron/straightener (we recommend doing without hairdryers)

*****Please legibly mark all your camper's belongings with a permanent marker on the tag, inside seam, etc.**

Use of Uber, taxis, door dash, uber eats & the likes are prohibited.



Patuxent River 4-H Center Camp HEALTH FORM

Current
Photo
Of
Camper

Camper's Name: _____
Last First MI Nickname

Gender _____ Age at Camp Arrival: _____ Dates will attend Camp: _____
 Birthdate: _____ to _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Home Address: _____
Street Address

City State ZIP County

School Attended: _____
 County: _____ Private Public Other _____

School Address: _____
Street Address City State ZIP

PARENT/GUARDIAN To be Notified in case of Injury or Illness:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

Home Address: _____
if different from camper Street Address City State ZIP

SECOND PARENT/GUARDIAN Or other Emergency Contact:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

ADDITIONAL CONTACT in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

HEALTH CARE PROVIDER CONTACTS

	Name:	Phone:
Primary Care Physician:	_____	_____
Dentist:	_____	_____
Orthodontist:	_____	_____
Other Provider (Specify): _____	_____	_____

HEALTH INSURANCE: Is camper covered by health/medical insurance? Yes No

Insurance Company: _____ Phone Number: _____
 Policyholder's Name: _____ Policy Number: _____

Attach photocopy of insurance card; be sure to copy both sides of card so information is readable

CAMPER HEALTH SUMMARY

(Camp Use - See additional pages for detailed health history)

<input type="checkbox"/> Camper has mild/moderate allergies	<input type="checkbox"/> Camper takes daily medication
<input type="checkbox"/> Camper has severe allergies that require immediate medical attention: _____	<input type="checkbox"/> Camper has dietary needs or restrictions
<input type="checkbox"/> Camper carries an Epi-pen, inhaler, or other emergency device: _____	<input type="checkbox"/> Camper has physical limitations or disability
	<input type="checkbox"/> Camper has personal issues/needs: _____

Camper's Name: _____
 Age: _____ Birthdate: _____

IMMUNIZATION CERTIFICATION: State in which camper resides/attends school: _____
 Date of last Tetanus immunization: _____ Is camper exempt from any immunizations? Yes No
 List: _____

I certify my child has received and is up-to-date on all immunizations required for school attendance in the state where s/he lives/attends. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "yes" answers in space below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have a recurrent/chronic illness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis (mono) in the last month? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. If female, had problems with period/menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with falling asleep or sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had a recent head injury or concussion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have problems with diarrhea or constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Wear contact lenses, glasses, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have any other condition or issue not listed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "yes" answers in the space below, noting the question number. For travel outside the country, list countries visited and dates of travel.

ALLERGIES: No known allergies Allergic to: Foods Medicines Environment Other
 (Circle all that apply & describe below. Attach additional pages if necessary)

What is camper allergic to? (Specific) What is the typical reaction seen? What is treatment is needed?

DIET/NUTRITION: Eats regular diet Lactose intolerant Other (Please explain below)
 Eats regular vegetarian diet Glucose intolerant

Notes about camper's diet/nutrition:

MENTAL, EMOTIONAL, AND SOCIAL HEALTH: Check "yes" or "no" for each statement.

- Has the camper:
- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? YES NO
S O
 - Ever been treated for emotional or behavioral difficulties or an eating disorder? YES NO
S O
 - In the past 12 months, seen a professional to address mental/emotional health concerns? YES NO
S O
 - Had a significant life event that continues to affect the camper's life?
 (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc) YES NO
S O
 - Is this the camper's first time away from home/family for an overnight event? YES NO
S O

Please explain "yes" answers in the space below, noting the number of the question. Attach additional pages if needed. The camp may contact you for additional information.

 **CAMPER HEALTH HISTORY** Page
3
& AUTHORIZATION

Camper's Name: _____
Age: _____ Birthdate: _____

**ADDITIONAL
INFORMATION:**

Please provide any additional information about the camper's health or well-being you think may be important for staff to know or that may affect the camper's ability to fully participate in the camp program. Attach additional pages if needed.

RESTRICTIONS:

- I have reviewed the program and activities of the camp and feel the Camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the Camper can participate with the following restrictions or adaptations (please describe):

AUTHORIZATION FOR PARTICIPATION, TREATMENT, AND RELEASE OF LIABILITY

I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains. I hereby give permission for medical personnel selected by Patuxent River 4-H Center (PR4HC) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by PR4HC to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named above to participate in all program activities except as specified herein. This completed form may be copied for trips out of camp and/or away from the program site. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the Patuxent River 4-H Center Foundation and/or their board members, officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

Signature of Parent/Guardian:

Printed name

Date

Relationship to Camper _____

Signature of Adult (over 18 years of age)
Camp Participant:

Printed name

Date



Camper's Name: _____
Age: _____ Birthdate: _____

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Campers who will take daily medications, vitamins, supplements, etc. while attending this Camping Program must complete the Medication Administration Authorization Form, which must be signed by **BOTH** the Camper's Parent/Guardian and the prescribing Physician. Campers who will take daily medications must bring their own supply of prescription or non-prescription medications, and the supply must be provided by an adult to the Camp Staff upon arrival. See the Medication Administration Authorization Form for further details and instructions.

Check the applicable statement below:

- Camper **WILL NOT** bring/take daily medication(s), vitamins, or supplements while attending camp.
- Camper **WILL** bring/take daily medication(s), vitamins, or supplements while attending camp.*

****Medication Administration Authorization Form is required***

CAMP HEALTH CENTER MEDICATIONS & REMEDIES

The Camp will stock certain non-prescription medications and remedies in the Camp Health Center that may be used on a **one-time or limited as-needed basis** to manage minor illness and injury. Dosages of these medications and remedies will be administered according to directions on the label unless the Camper's Parent/Guardian provides written direction provided for alternate dosage or use. Check the boxes below to select which medications/remedies from the Camp Health Center you authorize the Camp Staff to administer to your Camper, according to general labeling instructions. Note any alternate use/dosage directions in the comments below, specifying **EXACTLY** which medication/remedy may be used other than as directed, and how it may be used for your Camper.

- | | | |
|---|--|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) | <input type="checkbox"/> Pseudoephedrine decongestant (i.e. Sudafed) | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Ibuprofen (i.e. Motrin, Advil) | <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> Aloe gel or cream (for sunburn) |
| <input type="checkbox"/> PMS medicine(i.e. pamprin, midol) | <input type="checkbox"/> Cough drops | <input type="checkbox"/> |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (i.e. Benadryl) | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> |

Comments:

I give permission for PR4HC-designated Camp Health Supervisor/Monitor to administer the medications and remedies listed above. I understand the medications/remedies maintained at the Camp Health Center are only for one-time or limited-time use, and will not be provided to my Camper on a long-term or continuing basis. I understand the medications/remedies will be administered according to label directions unless I specifically directed otherwise in the "Comments" section above.

Signature of Parent/Guardian: _____ **Date:** _____ **Relationship to Camper:** _____



Camper's Name: _____

Age: _____ Birthdate: _____

PARENT/GUARDIAN AUTHORIZATION

I request the authorized Camp Staff to administer medication or supervise the Camper in self-administration if authorized, as prescribed by the Physician. I certify that I have legal authority to consent to medical treatment for the Camper named above, including the authority to consent to administration of medication. I understand that my camper should bring EXACTLY the amount each medication required for the duration of the Camp, in properly-labeled containers. However, further I understand that if any medication remains at the end of the authorized period it must be picked up by an adult, otherwise it will be discarded. I authorize Camp personnel to communicate with the prescriber as allowed by HIPAA.

Signature of Parent/Guardian: _____

Date: _____

Relationship to Camper: _____

AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY MEDICATIONS

This section should be completed if medication is approved for self-administration and/or self-carry by the Camper under supervision of a Camp Staff member. **"Self-administration"** means the Camper is able to take/apply the medication without assistance, but under supervision of a Camp Staff member. **"Self-carry"** means the Camper may carry the medication with him/her during Camp activities. Self-carry of medication by Campers is permitted only for emergency medications such as inhalers, insulin, epinephrine, etc. Unless noted as "self-carry," all self-administered medications will remain under control of Camp Staff designee and dispensed according to the listed schedule.

All self-administered and self-carry medication must be listed on the reverse of this form. **Both the Physician and the Parent/Guardian must consent** to self-administration and/or self-carry by the Camper. However, Maryland youth camp operators are not required to permit self-administration or self-carry by Campers.

I consent that the Camper named above is able to self-administer the medication(s) as listed on the reverse of this form. I authorize self-administration of the listed medication(s) by the Camper under the supervision of an authorized Camp Staff member. If indicated below, the Camper may self-carry emergency medication and self-administer as necessary.

Emergency medication(s) authorized for SELF-CARRY by Camper (must also be listed on reverse of this form):

Signature of Parent/Guardian: _____

Date: _____

Relationship to Camper: _____

Physician's Signature

Physician's Name/Title

Physician's Phone

Date Signed



Physician's Address Stamp