

Cloverbuds in Candyland

4-H Cloverbud Camp



Friday, July 14
At Shadow Lake Campground

Swimming
Candyland Game
Explore the Pond

Crafts
Cookout
Octoball

Open to all 4-H Cloverbud Members, Advisors, & Parents
Non-cloverbud members (who have just completed K-2) also welcome!



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



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Monroe County 4-H Cloverbud Day Camp

Friday, July 14, 2023 at Shadow Lake Campground

9:00 - 9:30 a.m.	Registration	Party Barn
	Check in with Nurse	
	Pick-up nametags & t-shirts	
	Self-guided Camp Tours	
9:30-10:30	Pledges.....	Flag Pole
	Welcome & Announcements	
	Get Acquainted.....	Field Beside Pool
10:30	Group Picture	
10:40	Get into Groups for Classes	
10:45 - 11:30	<u>First Class</u>	
	Peppermint Patties	Candyland..... Meet by the pool
	Jolly Ranchers	Crafts Party Barn
	Gummy Bears	Explore the Pond Pond Two
11:35 – 12:20	<u>Second Class</u>	
	Gummy Bears	Candyland..... Meet by the pool
	Peppermint Patties	Crafts Party Barn
	Jolly Ranchers	Explore the Pond Pond Two
12:20	Wash Hands & Restroom Break	
11:55	Adults set up for Lunch	
12:30 – 1:15	Lunch & Songs	Party Barn
1:25 – 2:10	<u>Third Class</u>	
	Jolly Ranchers	Candyland..... Meet by the pool
	Gummy Bears	Crafts Party Barn
	Peppermint Patties	Explore the Pond Pond Two
2:15 – 4:45	Free Time (Swimming, Mini Golf, Frisbee, Octoball)	
	Groups will rotate in the pool-	
	2:15 - 3:05	Peppermint Patties
	3:05 - 3:55	Jolly Ranchers
	3:55 - 4:45	Gummy Bears
4:45	Change Clothes	
4:50 – 5:00	Closing Activity	Party Barn



2023 Monroe County Cloverbud Camp

Friday, July 14 at Shadow Lake Campground

9:00 a.m. - 5:00 p.m.

Cloverbud Name: _____

Address: _____

Phone Number: _____ Age: _____ Grade: _____

Club Name: _____

\$20 Registration per Cloverbud: Registration Fee includes lunch, picture, craft, and t-shirt

After June 23rd, add \$10 late fee (no shirt guaranteed)

No registrations accepted after July 1st

\$10 Registration per Adult: Camp t-shirts are available for adults for an **additional \$8**. The shirts will be turquoise with a candyland design. T-shirts cannot be ordered with late registrations.

Youth t-shirt sizes: 6-8, 10-12, 14-16

Adult t-shirt sizes: S, M, L, XL, 2X, 3X

Cloverbud Camp is limited to 50 youth campers. Registrations will be taken on a first-come, first-served basis.

All Campers & Adults Must Register & Pay for Camp

Cloverbud Name	Registration Fee	T- shirt	Shirt Size	Total
	\$20.00	Included		
	\$20.00	Included		
Adult Name	Registration Fee	Optional T- shirt	Shirt Size	Total
	\$10.00	<input type="checkbox"/> Yes - \$8.00 <input type="checkbox"/> No		
	\$10.00	<input type="checkbox"/> Yes - \$8.00 <input type="checkbox"/> No		
If after June 23, add \$10				
Grand Total				

Make checks payable to "OSU Extension, Monroe County"

(Return this Registration Form, Adult Helper Form, & Ohio 4-H Health Form)

Refund policy: Full Camp fee (minus t-shirt) will be refunded until July 8. After July 8, there will be no refunds.

Return this form by June 23rd to: OSU Extension, Monroe County
46764 State Route 26
Woodsfield, OH 43793

Office Use Only:

Check # _____

Date Received: _____

Adult Helper Form



Please mark if you are willing to help with these jobs at Cloverbud Camp:

___ Help set up and serve lunch

___ Camp nurse (must be RN, LPN, or EMT and be there by 8:45)

___ Be a group Leader

Name: _____

Phone: _____

Club: _____

Ohio 4-H Health Statement Want a fillable form? www.go.osu.edu/monroecamp

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.

REQUIRED!
Attach
Picture
(for I.D.
purposes only)

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female <input type="checkbox"/> <input type="checkbox"/>	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	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:

☐ 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.

☐ 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.

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

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