ARE YOU READY FOR CAMP?

"Travel the World with Panhandle"

Grays Harbor County 4-H Camp

July 9th-July 14th, 2017

What time is it? It is camp time! Come experience Traveling the World with Panhandle! Pack your bags and get ready for good ole' camp fun with a world traveling twist!

Cost $ 150.00 for 4-H members enrolled by April 1st
(if registered and paid in full by June 2nd, 2017)
Cost $ 175.00 for other community members
(and any registrations received after June 2nd, 2017)

Mail or Deliver Registration and Fee by June 15th to the Grays Harbor County 4-H office:
WSU Extension Office
PO Box 3018, 32 Elma-McCleary Road, Elma, WA 98541
(360) 482-2934
Checks payable to Grays Harbor County 4-H Camp
Applications available at http://extension.wsu.edu/graysharbor/4-h/camping/

Some Highlights…

- ✓ Games
- ✓ Cabins
- ✓ Dance
- ✓ Fishing
- ✓ Arts
- ✓ Crafts
- ✓ Canoeing
- ✓ Swimming
- ✓ Campfire
- ✓ And many more surprises await you!!

Open to Campers Ages 8-14
(as of October 1st, 2016, the beginning of the current 4-H year)
who have not started the 9th grade

Applications available at http://graysharbor.wsu.edu

Scholarships Available- Campers may apply for a **partial** scholarship to cover camp registration fees. If a scholarship is needed please request an application form from the WSU extension office. You will be notified if you are a recipient.
Please note: There are a limited number of scholarships.

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension Office. Reasonable accommodation will be made for persons with disabilities and special needs who contact Tracie Hanson by June 15, 2017 at PO Box 3018, Elma, WA 98541, tracie.hanson@wsu.edu, 360-482-2934.

Keep This For Future Reference

Grays Harbor County 2017 4-H Summer Camp
Parent Information

We ask that you read all of the information and if you have any questions or concerns please feel free to connect with the camp director before camp begins.

Emergency Contact Information:
Panhandle: (360) 426-9523
**Cell Service is limited - calling this number is the best option.*

Camp Staff:
Director: Rhonda Borden, nooperdoo@aol.com, (360)482-5528
Taylor Sample, tsample1993@hotmail.com, (360)470-4870

WSU Extension Office 4-H Program:
4-H Program Coordinator: Tracie Hanson, tracie.hanson@wsu.edu, (360) 482-2934
4-H Regional Specialist: Dan Teuteberg, dan.teuteberg@wsu.edu, (360) 427-9670 Ext. 681

Registration Fees:
$175.00 for ANY campers submitting payment after June 2nd
$150.00 for Grays Harbor County 4-H members enrolled in 4-H by April 1st

(*Note: 4-H enrollment forms are different than camp registration forms. If the member is not currently enrolled in 4-H, complete the "4-H Summer Camp Enrollment Form" included in the registration packet)

Final payment must be received by July 15th, 2017 to participate in camp. Make checks payable to: Grays Harbor County 4-H Camp. Remit payments to Grays Harbor County 4-H office, PO Box 3018, Elma, WA 98541, Attn: Tracie

Staff, Chaperones, Volunteers and Instructors:
The 4-H camp staff includes both teen and adult volunteers. Each volunteer completes a Washington State background check. All camp staff including counselors must attend several state camp mandated trainings. On site volunteers/chaperones are required to complete 8 hours of training. Volunteers play a critical role in the success of camp. If you would like to volunteer your time in anyway (instructor, on-site parent volunteer etc.) and share a commitment to our counties youth please contact the camp director.

Chaperones:
A minimum of one adult chaperone will be present in each cabin during the night. Camp counselors will also be sleeping in the cabins. **4-H camp relies on families to be chaperones.** All chaperones must have a Washington State Patrol Background Check.

Volunteers, Chaperones and Guests Arrival to Camp:
Everyone arriving at camp needs to sign in and out of camp. Please check in with the camp director upon arrival as well as departure. This policy is strictly enforced for safety of our campers.

Code of Conduct:
See Attached Policy and sign and date. This is strictly enforced.

Check-in:
Camp check-in is Sunday **July 9th from 1 P.M. to 4 P.M. Please no early arrivals; as the welcoming party will not be ready.** When arriving at camp, you can check in at the office and get directions to your cabin and a list of your classes, along with a quick visit with the medical staff and a camper wristband. Opening Flag Ceremonies start promptly at 4 pm at the flagpole down by the lake! (Please arrive before 4 pm so you can take your swimming test if you want to swim, fish, or go boating at camp). If for some reason your child will be coming after or will arrive on another day please let the camp director know.

Camper Concerns:
Leaving/Returning to camp during camp session, medical concerns, homesick worries:
If your child has to leave camp for any reason please make prior arrangements during check-in with the camp director. If necessary, medicine in prescribed container needs to be turned into medical staff during camp check-in. If your child becomes homesick, we will make every attempt to encourage the child to stay. Helping campers overcome homesickness is a part of their camp experience. Speaking to your child in advance can alleviate many feelings once they have arrived at camp. If the child continues to struggle parents will be called and we will work together to help the camper feel supported and cared for.

Check-out:
Camp check-out is **Friday July 14th, and campers can depart promptly by 4 P.M.** The last meal served at camp will be a lunch on Friday. Cabins will be inspected and parents need to help clean cabins and grounds before departure. All campers must go through the check-out procedures before they leave camp. Parts of these procedures include picking up medications and signing your child out of camp. Parents are not allowed to take campers off site until they have signed the release form. **If your camper needs to be checked out of camp at an earlier time or day please make arrangements at check-in with the camp director.**

Talent Show:
One of the evening programs will include a talent show. Group skits and individual performances and an array of incredible talent fill the evening. If your camper plays a musical instrument, loves to sing, dance or be a comedian and/or any other talent they would like to showcase here is their chance! If items are needed for their performance they may bring them to camp and they will be checked in with the director. A piano is on site for those who play. **The individual talent show performances are optional!**

Directions:
From Grays Harbor Co. Fairgrounds in Elma:
Proceed eastbound on the Elma-McCleary Road and take the first left past the fairgrounds, crossing the railroad tracks onto Cloquallum Road. Stay on this road for approximately 12 miles, continuing past Star Lake. Just past the Bucks Prairie store, turn left onto Highland Road. After 4 miles on Highland Road, you will see a large sign on the right for Panhandle Lake 4-H Camp. Turn onto the driveway and proceed ¼ mile to the parking lot.

Heading North on HWY 101:
Take the 2nd Shelton exit (City Center/Matlock), turning left onto the Shelton-Matlock Road. Go approximately 6 miles (you will see a convenience store on your right) turn left on Highland Road there will be a Panhandle Camp sign on the right shoulder. The camp is approximately 4 miles on this road. There is a big green sign on the left with a dirt road. Please go slowly and if you need further directions they are available at www.panhandle4-Hcamp.org

Mail:
Parents are welcome to send mail to their child at camp. Due to the short amount of time we are at camp we suggest that you send a card/letter before camp begins. **Address:** 370 West Panhandle Lake Road
Shelton, WA 98584.

Things to Bring to Camp:
Your child will be sleeping in a cabin, which has no electricity therefore, have your child prepare for any type of weather.

- **Flashlight** (good batteries)
- **Sleeping bag** (if your sleeping bag doesn't have a carry bag please secure it in a plastic trash bag.)
- **Pillow**
- **Toiletries**- toothbrush, soap, shampoo, etc.
- **TOWELS**!!! (We prefer you send them with old ones.)
- **Clothing** (All weather)
- **Swimming suit**
- **Shoes** (closed-toe shoes such as tennis shoes, plus water shoes, etc.)

Optional items:
- **If necessary, medicine in prescribed container (turned into the medical professional at check-in)**
- **Sleep mat or egg crate (No Air Mattresses please) - FYI- there are no mattresses on the bunks!**
- **Blanket** (cold nights)
- **Appropriate "Travel the World with Panhandle" themed** clothing and/or decorations for your cabin

Please do not send any article of clothing or items that you wouldn't want to get soiled or damaged. Taping a list of your child's items inside their suitcase or duffle bag is extremely helpful especially for younger campers. Counselors will assist campers in keeping their items and belongings together, to the best of their abilities. If you notice that something is missing, check the lost and found area located in the lodge near the medical staff office.* ***All unclaimed clothing will be donated to charity a week after camp.*

Things not to bring to camp:
- **Valuables** (money, jewelry etc.)
- **Electronic Devices** (I-Pod, I-Pad, Kindle, Nintendo DS or similar device, etc.)
- **Cell phones for any reason** (campers have access to a phone if they need to use one for any reason)

**At registration we will ask if your child has a cell phone in their possession. If your child has a phone we ask that you take it home. The NO CELL PHONE policy is strictly enforced. Your child has access to the camp phone if needed.*

The Panhandle Lake 4-H Camp Association was founded in 1947. The first 4-H camping session was held in July of 1948. At that time the camp consisted of just a few pole buildings. Today we enjoy over 490 acres of unique cabin style living with a beautiful lodge, mess hall, campfire area, two docks, and miles of trails.

Grays Harbor County 4-H Summer Camp Enrollment Form

C1003E

Participant Name: _____ _____ _____
(First) (Last) (MI)

Birth Date: ____/____/_____ **Primary Phone**: ( )_____**Work Phone**: ( )_____

Mobile Phone:( )_____ **Wireless Carrier:**_____ Permission to receive text messages from 4-H ❑ Yes ❑ No

Primary Email: _____ **Other Email:**_____

School: (youth only): _____ **Age as of October 1st, 2016**: _____ **Yr. in 4-H**: _____

Mailing Address: _____

City: _____ **State**: _____ **Zip**: _____

Parent/Guardian Name (Printed): _____ _____ _____
Youth Only (First) (Last) (MI)

Military Family: (Check applicable box)

❑ Active Army	❑ Army Guard	❑ Army Reserve	❑ Active Air Force
❑ Air Guard	❑ Air Force Reserve	❑ Active Navy	❑ Naval Reserve
❑ Active Marine Corps	❑ Marine Corps Reserve	❑ Active Coast Guard	❑ Coast Guard Reserve

Please provide us with this optional data so that we may report to our Federal partners

Ethnicity: (Check one**):** ❑ Yes – Hispanic or Latino Ethnicity **OR** ❑ No – Not Hispanic or Latino Ethnicity

Gender: (Check one**):** ❑ Female **OR** ❑ Male

Residence: (Check one**):** ❑ Farm ❑ Rural/Town <10,000 ❑ Town/City, 10,000-50,000 ❑ Suburb ❑ City>50,000

Racial Groups: (Check all that apply**):** ❑ Asian ❑ White ❑ Black ❑ American Indian ❑ Hawaiian/Pacific Is. ❑ Other

Image and Voice Recordings Consent and Written Notice of Passive Consent

Participant, _____ and his/her parent or guardian (as appropriate), hereby grant permission to Washington State University (WSU) to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images, and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet). We additionally consent to the use of the student participant's name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet. We understand that consent to use of the student participant's likeness or voice recordings is not a condition of participating in the activity and that consent can be refused without any impact in the ability to fully participate in the program. No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. We understand that we can revoke this consent at any time upon notice to WSU, at which time either, or both of us will sign a copy of the denial (below) for use of images or voice recordings.

❑ **We agree OR** ❑ **We do not agree** to use of digital images or voice recordings as set forth above:

As a participant in the 4-H Program you or your child may be asked to help with the evaluation of the program to tell us how well the program is working. You or your child may be asked to complete a written survey about what you/they learned from participating in the program. We estimate that it will take participants approximately 10 minutes to complete the survey.

Participation in the evaluation is not required. If you of your child decide not to participate, it will not affect participation in this or future WSU Extension programs. If you or your child do not want to answer some questions on the survey, that is okay. The survey responses will be anonymous, and participant responses will not be identified in any way.

If you or your child does not want to participate in the evaluation of the 4-H Program or you have questions about the evaluation, please contact Tracie Hanson at: tracie.hanson@wsu.edu or (360)482-2934.

_____ _____
Signature of Parent/Guardian Date

Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension Office. Reasonable accommodations will be made for persons with disabilities and special needs who contact Tracie Hanson by June 15, 2017 at PO Box 3018, Elma, WA 98541, tracie.hanson@wsu.edu, (360)482-2934.

GRAYS HARBOR COUNTY 4-H CODE OF CONDUCT

The code of conduct shall be signed and dated by each member and parent/guardian and returned with the 4-H enrollment forms. A 4-H member is not eligible to participate in the Grays Harbor County 4-H Program unless his/her signed copy is completed. In addition, the emergency information must be completed for each member.

As a 4-H member you have the responsibility of representing all 4-H members to the public. Therefore; you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club as well as yourself. You are expected to observe the following guidelines.

1. The possession and use of alcoholic beverages and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
2. Obscene and discriminatory language, roughhousing and insubordination will not be tolerated.
3. Members and leaders must demonstrate respect for each other and the public.
4. Display of overly affectionate attention between individuals is prohibited.
5. Damage to, or destruction of property belonging to others is prohibited.
6. Animal abuse of any kind is prohibited.
7. Display of unsportsmanlike conduct is prohibited.
8. Be an example of how to accept what life has to offer – good and bad – and how to live with the outcome of exhibiting your project.
9. Wear neat, clean and appropriate attire; including shoes or boots at all times.

Report any infractions to the superintendent/club leader/event coordinator.

Penalties for infraction(s) may include any or all of the following:

- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Assessing the member the cost of damages and repairs in the event of damage or destruction of property.
- Releasing the member to the nearest law enforcement agency and/or the proper authorities.
- Withholding premiums and/or sending the member home from 4-H activities or events.

Parents will be notified if penalties are necessary.

For members and parents:

We understand the reason for this agreement is to ensure the safety of the 4-H member and to ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this event. It is not intended to place undue restrictions upon participants.

For members:

I have read the Code of Conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

_____

Youth Camper Signature Date

For parents:

I have read the code of conduct and understand that I am responsible for my child or ward's behavior.
I give permission to the staff in charge to administer the code.

_____

Parent or Guardian Signature Date

During Camp, my child has permission to

SWIM ____ Yes ____ No
BOAT ____ Yes ____ No

CABIN FRIEND – If you have one request of a friend to share a cabin with, please include it below and we will try to accommodate the request:

_____

2017 Camp T-Shirts have been donated this year and will be available to pick up upon arrival at camp. Please indicate t-shirt size:

Youth:	**Adult:**
____ S	____ S
____ M	____ M
____ L	____ L
____ XL	____ XL
	____ XXL

Informed Acknowledgement of Hazards and Risks Connected with Participation in 4-H Camp
Grays Harbor County 4-H Summer Camp July 9th – July 14th, 2017 Panhandle Lake 4-H Camp

WARNING, Participation in 4-H camp may involve the possibility of injury or death to you or others. Such injury includes but is not limited to:
Any injury can impair your physical or mental health. This could affect your future, including the ability to make a living, engage in business, participate in social and recreational activities, and to enjoy life. The purpose of this WARNING is to tell you about the dangers associated with your voluntary participation in 4-H camp.

This WARNING does not list everything. You must learn about the potential risks and ask questions so you or your parents or guardians will make the appropriate, informed decision for you. If you decide to participate in these activities, you must take responsibility for learning as much as possible about these activities and how to keep safe. You must inform those adults of any personal relevant medical conditions and obtain the permission of any relevant personal advisors, including your physician or counselor/therapist, before you choose to come to camp. You are not required to participate in these activities. Therefore, should you choose to participate, you are required to take a very active role in your safety. You are instructed not to participate in anything you do not regard as safe.

Acknowledgement of Hazards and Risks
I want to participate in the 4-H camp. By signing this document, I understand and promise:

- I understand my child's personal belongings are our own responsibility.
- My child agrees to follow all event rules and regulations.
- My child agrees to not use illegal drugs, alcohol or tobacco while involved in this event.
- I agree that any costs incurred for such emergency medical care will be my responsibility.
- I agree that as consideration for allowing my child to participate in camp, I will not hold Washington State University or any part of it nor the State of Washington, or any of its officers, employees, and agents responsible for what happens to my child at camp. I accept full responsibility for any injuries that may occur as a result of my child's participation in camp.
- I have read and understand this document, have considered it carefully, and agree to it.
- I have had a chance to ask questions and seek advice.
- I have informed 4-H supervisors of any relevant physical/mental conditions.

Assumption of Risk I understand that there are risks in participating in 4-H Youth Development events and activities associated with Washington State University (WSU). In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or self or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks. Membership in the 4-H Youth Development Program may involve participation in a wide variety of activities such as, but not limited to: club meetings, shows, clinics, working with animals, physical education activities, water-sports, food preparation, woodworking, crafts, and travel. Risks in participating include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the 4-H Youth Development Program activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child, self or property.

Indemnity Agreement I, my heirs and assigns, hereby release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees/volunteers, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury, as a result of or connected with participation in this program and/or event. If any part or portion of this Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I enter this contract freely and voluntarily.

I am age 18 or over. If not, my parents/guardians hereby promise for me. I voluntarily choose to participate in 4-H camp:

Youth Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

GRAYS HARBOR COUNTY 4-H CAMP
PARTICIPANT HEALTHFORM

Mail this form to the address below by June 15, 2017
Grays Harbor County 4-H Youth Development
PO Box 3018
Elma, WA 98541

Attendance dates: from: _____ to _____

Participant Name: _____
First Middle Last

☐ Male ☐ Female Birth Date ____/____/____ Age on arrival at program ___
Month/Day/Year

***To Parent(s)/Guardian(s)*: Please follow the instructions below. Attach additional information if needed.**

1. ***Complete pages 1, 2 and 3 of this form (and make a copy for yourself).***
2. ***Send the original, signed form to program by requested date.***

Participant Home Address: _____
Street Address City State Zip Code

Parent/guardian with residential placement and/or decision-making authority in the event of illness or injury:

Name:_____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian with legal responsibility/authority to be contacted in case of illness or injury:

Name:_____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Additional parent/guardian to be contacted in case of illness or injury:

Name:_____ Relationship to Participant: _____

Preferred Phones: (_____) _____ (_____) _____ Email: _____

Allergies: ☐ No known allergies. ☐ This participant is allergic to: ☐ Food ☐Medicine ☐The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the participant is allergic to and the reaction seen, in detail. Please describe preventative or responsive measures.)
☐ **This participant has a life-threatening allergy. An emergency care plan signed by physician is required.**

Diet, Nutrition: ☐ This participant eats a regular diet. ☐This participant eats a vegetarian diet (describe details below).
☐ This participant has special food needs. ***(Please describe below.)***

Immunizations:

☐ My child is up-to-date on his/her immunizations and tetanus shots as required by Washington State law. Date of last Tetanus shot: _____

☐ My child has an immunization exemption on file with his/her school. I understand and accept the risks to my child from not being fully immunized.

Mental, Emotional, and Social Health: ***Check "Yes" or "No" for each statement.***

Has the participant:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?..... ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... ☐ Yes ☐ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... ☐ Yes ☐ No
4. Had a significant life event that continues to affect the participant's life?..... ☐ Yes ☐ No
   (History of abuse, physical or sexual trauma; conduct disorders such as oppositional defiance, developmental disability, Autism Spectrum Disorder?, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
5. Depression (Bipolar)?..... ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. The staff may contact you for additional information.

Participant Name: _____ (For Camp Use) Cabin or Group _____ (For Program Use) Session Code(s) _____
First Middle Last

GRAYS HARBOR COUNTY *4-H CAMP* PARTICIPANT HEALTH FORM PAGE 2/3	Participant Name: _____ First Middle Last Birth Date: ____/_____/_____ Month/Day/Year

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does this participant:

1. Ever been hospitalized?..... ☐ Yes ☐ No
2. Ever had surgery?..... ☐ Yes ☐ No
3. Have recurrent/chronic illnesses?..... ☐ Yes ☐ No
4. Had a recent infectious disease?..... ☐ Yes ☐ No
5. Had a recent injury?..... ☐ Yes ☐ No
6. Has asthma/wheezing/shortness of breath?..... ☐ Yes ☐ No
7. Have diabetes?..... ☐ Yes ☐ No
8. Had seizures?..... ☐ Yes ☐ No
9. Had headaches?..... ☐ Yes ☐ No
10. Wear glasses, contacts, or protective eyewear? ☐ Yes ☐ No
11. Had fainting or dizziness?..... ☐ Yes ☐ No
12. Passed out/had chest pain during exercise?..... ☐ Yes ☐ No
13. Had mononucleosis ("mono") during the past 12 months?..... ☐ Yes ☐ No
14. If female, have problems with periods/menstruation?..... ☐ Yes ☐ No
15. Have problems with falling asleep/sleepwalking?..... ☐ Yes ☐ No
16. Ever had back/joint problems?..... ☐ Yes ☐ No
17. Have a history of bedwetting?..... ☐ Yes ☐ No
18. Have problems with diarrhea/constipation?..... ☐ Yes ☐ No
19. Have any skin problems?..... ☐ Yes ☐ No
20. Traveled outside the country in the past 9 months?..... ☐ Yes ☐ No
21. Had Sickle Cell disease or traits?..... ☐ Yes ☐ No
22. Had high blood pressure? …….. ☐ Yes ☐ No
23. Had cardiovascular disease or other heart problems? ☐ Yes ☐ No
24. Have a history of heart disease (not limited to conjunctive heart defect, cardiomyopathy, ahbrythemia?)…… ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Medication:
☐ This participant will not take any daily medications while attending the activities.
☐ This participant will take the following daily medication(s) while attending the activities.[1]

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **All medications must be in their original containers. Prescriptions must have the child's name and how the medication should be given printed on the prescription container. Please send only those medications that are necessary.**

Name of medication	Date started	When it is given	Amount or dose given	How it is given
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Other time: _____		

The WA State 4-H Resident Camp Standards state: All medications will be administered by the health care provider, or their designee. All prescriptions must be brought in their original container; over-the-counter medications brought by the participant will be given only with written permission by parent or guardian.

Does your child have permission to receive over-the-counter medications as deemed necessary by the medical staff? ☐ Yes ☐ No
(This may include, but is not limited to: Ibuprofen, Tylenol, Benadryl, Tums, antibiotic ointment, etc.)

The WA State 4-H Resident Camp Standards state: All medications (prescription and over-the-counter) will be kept by the health care professional. (Exceptions may include inhalers, Epi Kits, or other immediate treatments as per doctor's orders. Participants should plan to arrive at camp with written doctor's orders indicating such.)

Will your child have an emergency inhaler to use while at camp? ☐ Yes ☐ No
Does your child know how to properly use the emergency inhaler? ☐ Yes ☐ No
Does your child have permission to carry the inhaler during camp? ☐ Yes ☐ No ….. **If yes, they must keep it with them at all times.**

Restrictions:
☐ I have reviewed the program and activities of the program and feel the participant can participate without restrictions.
☐ I have reviewed the program and activities of the program and feel the participant can participate with the following restrictions or adaptations. ***(Please describe below.)***

[1] Note: These provisions regarding administration of medication shall not abrogate minors' rights to provide their own consent to certain services under Washington law.

GRAYS HARBOR COUNTY 4-H CAMP PARTICIPANT HEALTH FORM PAGE 3/3	Participant Name: _____ First Middle Last Birth Date: ____/_____/_____ Month/Day/Year

Does the participant require reasonable accommodation for a disability in order to access or be part of the activities?

What Have We Forgotten to Ask? ***Please provide in the space below*** any additional information about the participant's health that you think important or that may affect his or her ability to fully participate in the program. ***Attach additional information if needed.***

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all program activities except as set forth by me and/or an examining physician. . If you fail to advise WSU of a medical condition, risks to your child may increase. I understand the information on this form will be shared on a "need to know" basis with WSU staff and volunteers. I give permission to photocopy this form. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial _____ Relationship to Participant: _____

Parent/Guardian:_____ Date: _____

Parent/Guardians: Keep a copy for your records.

Washington State University – Grays Harbor County 4-H Youth Development Program
Emergency Medical Consent – October 1, 2016-September 30, 2017

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. **NOTE: Minors may consent to certain services in Washington.**

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the event staff from decisions to seek emergency treatment.

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s)/orthodontist(s):_____ Phone: (_____) _____

Medical Alerts_____
(severe allergies / life-threatening conditions / chronic illnesses)

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance ☐ Yes ☐ No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Name of another person to contact in case of emergency if you are not available:_____

Phone: (_____) _____ E-mail: _____

Relationship to participant: _____

I voluntarily sign this authorization in consideration for permission for my child to participate in the 4-H Youth Development Program. I have read it, and I understand its content and significance.

_____ _____
Signature of Parent/Guardian Date