



THE OHIO STATE
UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

FAIRFIELD COUNTY
CLOVERBUD 4-H DAY CAMP
JULY 8 2017 At Alley Park

OSU Extension
Fairfield County
831 College Avenue, Suite D
Lancaster, Ohio 43130
Phone: 740-652-7260
FAX: 740-687-7010
<http://fairfield.osu.edu>

June 2017



“BRAINIACS

Cloverbud Day Camp (age 5-8)
Welcome 4-H Campers – you are Registered!!!

We are so excited to see your name on the list of those attending camp with us at Alley Park. We know you will find 4-H Cloverbud Day Camp to be an exciting experience. You will have a busy day meeting new friends and enjoying many fun activities! What's next? You'll want to **READ THIS LETTER** for more information about Camp Basics, Camper Rules, and what to bring to camp. If you have any additional questions about camp, just give us a call at 740-652-7260. We look forward to seeing you at Clovberbud Day Camp.

Leslie Cooksey

Leslie Cooksey
Extension Educator, 4-H Youth Development
Phone: 740-652-7272

Sue Suttles

Sue Suttles
Program Assistant, 4-H Youth Development
Phone: 740-652-7271

The Basics – (REQUIRED) Important Stuff to Know!

CHECK IN

- 1) **CHECK IN 9:00-9:30 a.m.** When you arrive at Alley Park please park in the main parking lot, go immediately to the shelter near the parking lot to Check In, receive camper name tag, group assignment and be directed to further stations if needed. Supervision at camp is not available until 15 minutes prior to the start of registration, please plan to arrive accordingly.

CAMP DISMISSAL

- 1) **CHECK OUT AT 4:00 p.m.** Check out will be at the shelter at main parking lot where you Checked In your camper (please, do not come back to the main lodge). Please do not arrive more than 15 minutes early—campers and staff will not be ready to leave!
- 2) Please wait at the parking lot until all campers are accounted for then parents will be able to sign out their camper at the shelter and then see a counselor to get your camper and belongings. Be sure to double check their possessions before you leave camp. Lost items are hard to match to their owners. You are responsible for your possessions. We ask that you do not bring expensive or valuable items to camp. Please note: If you are not picking up your own child, you do not need a note or need to let us know in advance. The person who is picking them up will just need to sign them out (see below for restricted release information).

Over➤

HEALTH STATEMENT

- The Ohio 4-H Health Statement (enclosed) will be due to the Extension Office by June 9, 2017. Please remember to attach a picture of the camper.
- **The Permission to Participate Form** (enclosed) can be turned in to the Extension Office prior to camp (by June 9, 2017 with Ohio 4-H Health Statement) or must be brought to check-in at camper registration.
- **CAMPER RELEASE FORM (required for EVERY camper). Each camper MUST have a "Camper Release Form" (see attached card) on file which authorizes who is allowed to pick-up your child from camp at dismissal.** List name, relationship (i.e. grandparent, sibling, neighbor), and phone number. **This form must be brought with you to check-in at camper registration (if not already turned into to the Extension Office with other forms prior to camp by June 9th).**

-Any **medication** brought to camp must be given to the camp nurse at registration & be administered by the nurse as required. Medication must be brought in its' original container with the drug label intact. Please place medication in a Ziploc bag with directions for the medication along with an additional picture stapled to the front. Make sure all medication has the name of the camper on it!

-If there is a **health concern**, please contact the office **PRIOR TO CAMP**, so we can plan accordingly.

-If your child may need an **epi pen**, it is recommended they bring 3 epi pens with them to camp.

-**Medical Equipment/Apparatuses** (i.e. knee braces, wraps, splints, crutches, etc.) - To wear/use medical equipment/apparatus during camp, the camper must bring signed documentation and instructions for use from their physician. The parent/guardian assumes full responsibility of any injury or further damage as a result of camper wearing/using this medical equipment/apparatus. Please keep in mind, the hills are steep and lots of walking is involved while at camp—transportation will not be provided for individuals to get up hills or to any part of camp. If campers have challenges walking at camp, you may want to re-think whether or not your camper should attend camp this year.

TRANSPORTATION & CAMPER RESTRICTED/EARLY RELEASE

- 1) Parents are responsible for camper's transportation to & from camp. Car pools might be arranged by talking with your other club members. Included in this letter is a map to assist you in finding the camp.
- 2) If you need to restrict who picks up your child, OR a camper must leave earlier than the stated release time, you **MUST** complete and sign a Camper Release Form and give it to us at check in or turn in by June 9th.

HOW TO GET TO CAMP

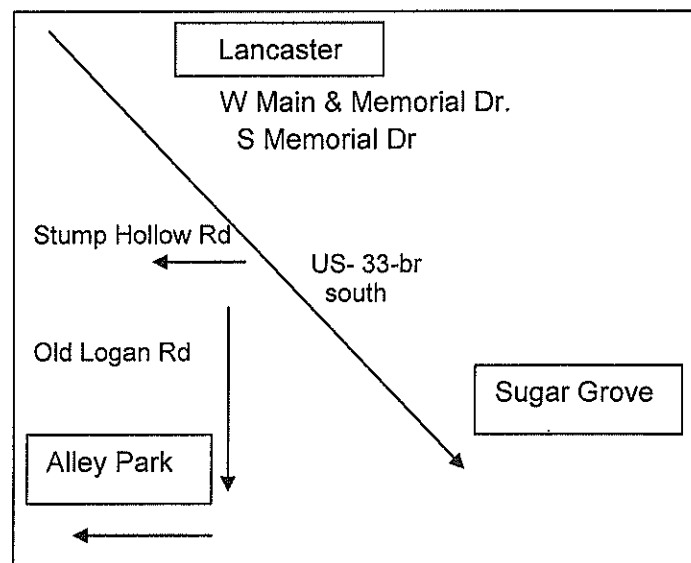
- Camp is located at Alley Park south of Lancaster off 33.
- From Lancaster take 33 (Memorial Dr) south of Lancaster to Stump Hollow Rd, approximately 2.3 miles from Rt. 22 (Main and Memorial Dr.). Turn right at Stump Hollow Rd., go to stop sign & turn left onto Old Logan Rd. Alley Park will be on the right approximately 144 ft.; the address is 2805 Old Logan Rd. SE, Lancaster.

VISITORS

Parents & family are welcome to look around when bringing their 4-H'ers to camp. However, while the camp is in progress, there will be **NO PERSONAL VISITORS** since this disrupts the camp schedule and can make both the campers and parents homesick.

CAMP PHONE NUMBER:

If there is an emergency and the camper needs to be contacted by telephone, the camp office number is 740-681-5025 ext 2. This is an office phone and may go to voice mail. Please leave a message on this extension; we will be checking it throughout the day.



Other Important Information

Please do not bring to Camp:

Electronic devices (virtual pets, hand games, pagers, spinners, cellular phones, radio etc.)
Flammable Bug Repellent
Fireworks, alcohol, drugs, tobacco, firearms (STATE LAW prohibits these items)
Anything you would be upset if it gets lost, damaged or dirty.

RULES and REGULATIONS

All campers are expected to abide by the rules as established by the staff. The enclosed permission form lists the camp rules and expectations. Please sign the form and turn it in at registration. The camp staff reserves the right to dismiss from camp any camper breaking camp rules.

CAMP STAFF

Staff, under the director of our county staff, includes a nurse, adult helpers and counselors. Each group is supervised by a trained counselor and adult staff to help with programming.

SPECIAL THINGS TO BRING TO CAMP

___ **We are collecting 3 in One Wash for Comfy Kits.**

The Counselors decided to do a community service for camp. The 3 in one wash will be donated for Comfy Kits. My Comfy Kits is a local program of Orphan World Relief whose mission is to provide comfort and dignity to children going into foster care. When contacted they said their need was the 3 in one wash. If you need more information please contact Sue suttles.1@osu.edu.

___ **A white t-shirt** (we will be tie dying) marked with camper's name. Place inside a zip-lock plastic bag which is also marked with the camper's name.

___ A drink, chips or fruit for lunch. **WE WILL BE ROASTING HOT DOGS!** (if your child does not like hotdogs please pack a full lunch). There will be an afternoon snack.

___ Wear Comfortable shoes. Shoes must be worn at all times. **Tennis shoes are strongly recommended.** No sandals, no open-toes, no high heels and no flip flops.

___ Clothing – wear what is comfortable and what you can play hard in. Campers may need a jacket/sweater or raincoat. (Dress for the weather!)

___ Back Pack or tote bag to put personal items in.

___ A full Water Bottle. A water bottle will be provided for each camper.

___ Towel, just in case, for some games or sitting upon.

___ Sunblock and Insect repellent, if desired or put on them before they come to camp.

___ **HEALTH FORM** and medication in original container with the drug label intact. Please place medication in a plastic baggie with directions for the medication along with an additional picture stapled to the front. Make sure all medication has the name of the camper on it! (Have this accessible to turn into the nurse at registration).

___ **Emergency Medical and Informed Consent/Camp/Program Release, this is part of the health form.**

Remember to put name on campers' items they bring to camp!

HOW PARENTS CAN HELP PREPARE FOR CAMP

- Each camper will be asked to help clean up their area make sure they understand this.
- Make right food choices, have them help you pack their lunch and make choices of a fruit drink, fruit, carrots, or celery. Encourage your child make responsible choices by choosing to eat all of their lunch that they have packed.
- Campers are known to sometimes neglect issues of personal hygiene. Make sure your child knows proper hygiene. One thing you might want to discuss with them is the importance of washing hands after using the bathroom and before eating.
- Find help when needed. No matter where a child may be, they need to know how to find help. Teach your child how to locate a trustworthy adult. Reassure them that it is alright to ask for assistance in an uncomfortable situation or when they have a problem. Camp Counselors, Camp Staff, County Staff and the Camp Director are all on hand to help if the need arises.
- A trip to Alley Park before hand would help to know the area before they arrive and make for an enjoyable family outing.

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

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.

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 _____	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:

<p>Communicable Diseases: Provide the date (approximate is acceptable) at which participant has had or was exposed to:</p> <p>Chicken Pox _ Measles _ Whooping Cough _</p> <p>Tuberculosis _ Mumps _ Other Communicable Diseases _</p>
<p>Immunization/Vaccine Record:</p> <p><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.</p> <p><input type="checkbox"/> The participant has received a Tetanus Booster. Date of last booster: _____</p> <p>If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.</p>

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

Activity and Rules Release

_____ has my permission to participate in the Ohio 4-H program and activities as listed in the letter attached to this form. I understand participants will be supervised. I understand the 4-H staff and volunteers; The Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, or for the compounded injury or illness to the participant's present medical conditions listed. I understand Alley Park 4-H Camp is not liable for uncontrollable circumstances such as communicable diseases or infestations including but not limited to bed bugs and lice. I further understand in case of serious injury or illness I will be notified. I understand my child is not permitted to have electronics in their possession during their stay at camp as per camp rules.

 Parent/Guardian Printed Name Parent/Guardian Signature Date

Permission to Participate - 2017 Fairfield County 4-H Camps

I give permission for my child (name) _____ to participate in Fairfield County 4-H Camp(s) at OSU Extension/Tar Hollow State Park/Alley Park on (circle dates) June 15-18, June 30-July 3, July 8, 2017. Activities involved in camp will include living in a cabin on a hill; sharing bathroom facilities with other campers on the hill; sleeping in bunk beds; canoeing/kayaking and swimming in a pond; nature hikes; playing volleyball, basketball, relay races and other recreational games; campfire activities; and dances. Attending camp may lead to contact with individuals who are experienced and inexperienced in the above mentioned activities. I also understand that participation in this activity is strictly voluntary and not a requirement for 4-H membership.

I am aware, and have discussed with my child, that:

- A. Being in and around water, woods, and participation in camp activities may cause clothing to become wet, dirty, and beyond cleaning and/or repair;
- B. While in a canoe/kayak, my child may be involved in a collision with another canoe/kayak, person, or object in the water;
- C. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
- D. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls;
- E. Other participants may act in a negligent manner which otherwise may result in harm to my child;
- F. Swimming in a pond may lead to injury caused by slippery surfaces, contact with other swimmers and/or objects in the water.

I recognize that the above mentioned activities and potential resulting risks may cause injury, death, drowning, or loss to participants or other persons in the immediate vicinity.

I understand that my child is not required to participate in this activity, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Fairfield County 4-H Camp Rules

REPORT INJURIES, ILLNESSES, and HEALTH PROBLEMS:

The camp nurse is on duty 24/7. They are here to assist with maintaining the health and well-being of all camp participants. Anyone with injuries, illnesses, and health problems must see the nurse. All medications are dispensed by the nurse.

ACT RESPECTFULLY TOWARD OTHERS:

- Respect other campers and the camp staff. Be kind and courteous. No put-downs. No fighting.
- Listen when others are talking. A raised hand means to listen. When you see someone with a raised hand, you also raise your hand, be quiet and listen for instructions.
- Use respectful language and manners.

DEMONSTRATE APPROPRIATE BEHAVIOR in CAMP and CABINS AREAS:

- Follow the "Rule of 3's" at all times! 3 = 2 campers + 1 counselor OR 3 = 2 counselors + 1 camper.
- No boys are allowed on the girls' hills. No girls are allowed on the boys' hills.
- Campers and counselors are not to leave their cabins between lights out and morning wake-up call; except to see the nurse or go to the restroom. If you are someplace other than in your cabin, the bathroom, or the nurse's station after lights out, you will be sent home.



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Ohio4h.org

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.
Last Updated by H.K. Epley, 10/2015

- Respect & protect the camp property and the property of others at all times.
- Campers will clean their cabin, restroom, the campgrounds, and will help set & clear the tables.
- Snacks brought to camp must be in sealed, plastic containers to limit unwanted animal and insect visitors.
- No one is permitted on hills during program, recreation, campfire, etc.

BE SAFE WHEN PARTICIPATING in ACTIVITIES:

- We offer many activities for campers such as swimming, canoeing, hiking, gaga ball, etc. Go to: <http://u.osu.edu/tarhollow> for a list.
- Swimming and boating are permitted only with lifeguard supervision. Obey waterfront rules and use the "buddy" system.
- Each person **MUST** wear a life jacket while in a canoe/kayak.
- Play safely and fairly.
- No running on trails or hills.

WEAR APPROPRIATE CLOTHING and FOOTWEAR:

- Wear closed-toed footwear (gym shoes) at all times. No sandals, no open toes, no wedge/heels. Exception: flip-flops are allowed in shower house.
- Do not wear inappropriate clothing. NO midribs/back or undergarments should be showing unless at beach.
- Wear appropriate swimwear. Read the Swimwear Policy above.

KEEP A LEGAL & SAFE ENVIRONMENT

- Any person found engaging in any illegal activity will be sent home and may have potential legal consequences. The park ranger will also be notified.
- Activities include, but are not limited to:
 - NO smoking, use, or possession of tobacco products, including cigarettes, cigars, chewing tobacco.
 - NO alcohol or drugs of any type or any quantity are allowed.
 - NO weapons, fireworks, and/or fire of any type. This is a State Law in the Park—items are illegal and prohibited.
 - NO bullying or harassment of camper(s), counselor(s), or camp staff.
 - NO electronics – refer to Electronics Policy.
 - NO leaving campground. Campers/counselors may not leave the grounds without the permission of the Camp Director.
 - NO personal sports equipment.
 - NO personal pets or animals.
 - NO access to vehicles by campers or counselors.

Inappropriate behaviors will not be tolerated.

**FAILURE TO OBEY RULES IS CAUSE FOR IMMEDIATE DISMISSAL
WITHOUT REFUND OF CAMP FEES!**

I understand and have explained to my child the behavior that is expected during their participation in the Fairfield County 4-H Camp. I also understand and have explained to my child that not following the above stated rules, including the Ohio 4-H Cell phone policy and Tar Hollow Electronics Policy in addition to any rules and program details listed at <http://u.osu.edu/tarhollow/> may require them to call me to explain their behavior. I realize my child may be sent home from camp without reimbursement if they do not follow rules and behavior guidelines.

Signed _____
(Parent/Guardian)

Date _____

Signed _____
(Camper)

Date _____





Fairfield County 4-H Camper Release Form

We will not release your child to anyone other than the person(s) listed.

Photo I.D. is required for release.

One form per child. Form is due at camp registration/check-in.



Camper's Name _____

I authorize the following adults to pick-up my child from 4-H Camp:

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

I will be picking my child up early from camp on: (DAY) _____ at _____ AM/PM

**Once a camper leaves, he/she is NOT permitted to return to camp.*

Parent/Guardian Signature: _____ Date: _____

CAMP:	Cloverbud	Junior	Intermediate
CABIN #:	_____	COUNSELOR:	_____
		COUNSELOR:	_____