



HEALTH FORMS – PHYSICIAN

Form must be completed AND signed by a licensed health-care provider.

Please review PARENT/GUARDIAN FORMS 1 & 2, and complete all sections of this FORM.

CAMPER NAME: _____ Date of Birth: _____

IMMUNIZATION HISTORY: Please provide a current vaccination/shot record which includes dates for the following vaccines: diphtheria, Haemophilus influenza type b, hepatitis b, measles, mumps, poliomyelitis, rubella, tetanus and varicella (chicken pox).

PHYSICAL EXAM: Done Today? YES NO If NO, date of last physical: MM/DD/YEAR _____
(Must be within 18 months of attendance, but recommend annually.)

Camper is undergoing treatment at this time for the following condition(s): Please explain _____

MEDICATION AUTHORIZATION: If a licensed healthcare provider does not sign this form, the camper will NOT be given any prescription or over-the-counter medication while at camp. This includes for scrapes, bee stings, bug bites, etc. ALL medications MUST be in their ORIGINAL CONTAINERS and given to the Camp Health Director at registration!

Over the Counter (OTC) Medications kept on hand in our infirmary.

DRUG NAME	ROUTE CIRCLE PREFERRED	DOSAGE	SCHEDULE & INDICATIONS	PERMISSION TO ADMINISTER	PHYSICIAN/ PROVIDER INITIALS REQUIRED
Ibuprofen / Tylenol	PO (Elixir, tabs, or Chewable)	Per Label: Instructions by age/weight	Q 4hr for pain or fever > _____ of	YES or NO	
Ant-Acid (Tums)	PO (Pills or liquid)	Per Label: Instructions by age/weight	Q 2-4 hrs PRN gas, heartburn, indigestion, upset stomach	YES or NO	
Benadryl / Claritin	PO (Elixir, tabs, pills, or Chewable)	Per Label: Instructions by age/weight	Q 6 hr PRN for allergic reaction, (hives, insect bite)	YES or NO	
Cough Drops / Throat Spray	PO (lozenges or spray)	Per Label: Instructions by age/weight	PRN for cough or sore throat	YES or NO	
Cough Syrup (Robitussin)	PO (Liquid)	Per Label: Instructions by age/weight	Q 4hrs PRN for cough	YES or NO	
Caladryl / Hydrocortisone	Topical Cream	Per Label Instructions	Q 6 -8 hrs PRN rash, skin irritation, insect bites	YES or NO	
Antiseptic (Alcohol, Peroxide, Bacitracin)	Topical (Cream or liquid)	Per Label Instructions	PRN stings/bites, cuts, scrapes, splinters, blisters	YES or NO	
Antifungal Cream / Spray / Powder	Topical (cream, spray, or powder)	Per Label Instructions	PRN Athletes foot, jock itch	YES or NO	

Other Medications to be brought to camp with the camper (Prescription or PRN – Including Inhalers).

DRUG NAME	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	PHYSICIAN/ PROVIDER INITIALS REQUIRED

Do you feel this camper will require limitations or restrictions while at camp: YES NO If yes, please explain.

I have reviewed the 4-H Camp Shankitunk Parent & Physician HEALTH FORMS, and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above). **I have prescribed the above medications to be administered as directed.**

Name of Licensed Physician/Provider (PRINT): _____
Signature of Licensed Physician/Provider: _____ License # _____
Office Address: _____ Phone () _____
Date this form was completed: _____ By _____

Initial if completed by Nurse or Physician's Assistant



HEALTH FORMS – PARENT/GUARDIAN 1

DUE TWO (2) WEEKS PRIOR TO ARRIVAL ~ PLEASE DON'T WAIT TO CONTACT YOUR PHYSICIAN.

CAMPERS NAME: _____

Date of Birth _____ Last _____ First _____ Middle _____
Age _____ Gender _____ **WEEK(S) ATTENDING CAMP**

EMERGENCY CONTACT: PARENT / GUARDIAN

Name: _____ Relationship to Camper _____

Home Address: _____ Town _____ State _____ Zip _____

Preferred Phone: () _____ Alternate Phone: () _____

IN THE EVENT I CANNOT BE REACHED, PLEASE CONTACT: (Must be over 18 years of age)

1) Name: _____ Relationship to Camper _____

Home Address: _____ Town _____ State _____ Zip _____

Preferred Phone: () _____ Alternate Phone: () _____

2) Name: _____ Relationship to Camper _____

Home Address: _____ Town _____ State _____ Zip _____

Preferred Phone: () _____ Alternate Phone: () _____

MEDICAL INSURANCE: Fill out completely OR attach a copy of your insurance card. Both sides must be readable.

This camper is covered by family medical/health insurance: _____ YES _____ NO

Policy Holder's Name:	Name of Insurance carrier and type of coverage	Policy Number	Group Number
Authorization for release of information Signature _____ Date _____ Address of Insurance Company _____ <p style="text-align: center;">Your personal medical policy is your child's primary coverage All registered campers are covered by excess coverage accident insurance while at camp.</p>			

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I certify that the information given in these health forms is current, correct, and accurately reflects the health status of the camper to whom it pertains. I hereby give permission to the medical personnel selected by the Camp Administrator to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange for necessary transportation of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Administrator to secure and administer treatment, including hospitalization, for the person named above. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child. Those providers may talk with camp staff about my child's health status.

Signature of Custodial Parent/Guardian: _____ Date: _____



HEALTH FORMS – PARENT/GUARDIAN 2

GENERAL HEALTH HISTORY – PLEASE FILL IN ALL REQUESTED INFORMATION BELOW.

CAMPER NAME: _____

First Time Overnight? YES NO

Does camper have a history of . . .

- YES NO Asthma / Wheezing / Short of Breath
- YES NO Bedwetting
- YES NO Bleeding / Clotting Disorders
- YES NO Concussion / Head Injury
- YES NO Diabetes
- YES NO Diarrhea or Constipation
- YES NO Ear Infections
- YES NO Eating Disorder
- YES NO Fainting / Dizziness
- YES NO Headaches
- YES NO Heart Defect / Disease
- YES NO Hypertension
- YES NO Mononucleosis
- YES NO Psychiatric Treatment
- YES NO Seizures / Convulsions
- YES NO Skin Irritation / Condition
- YES NO Sleepwalking

Operations/Serious Injuries (dates): _____

Disability or chronic condition(s): _____

Dietary Modifications: _____

Traveled outside the country in the past 9 months? (When/Where)

Any specific activities to be limited: _____

FAMILY PHYSICIAN: _____

PHONE NUMBER: _____

FOR GIRLS:

- YES NO Has this camper menstruated?
- YES NO If not, has she been told about menstruation?
- YES NO If so, is her menstrual cycle normal?

MENTAL / EMOTIONAL / SOCIAL HEALTH: Has the camper:

- YES NO Ever been treated for attention deficit disorder (ADD)/hyperactivity disorder (ADHD)?
- YES NO Ever been treated for emotional or behavioral difficulties or an eating disorder?
- YES NO During the last 12 months, seen a professional to address mental/emotional health concerns?
- YES NO Had a significant life event that continues to affect the camper's life? (death of a loved one, family change, etc.)

If yes, please explain (separate sheet may be used if necessary): _____

ALLERGIES: Please specify allergy and typical reaction.

Environmental Allergies

Food Allergies

Drug Allergies

Insect Stings / Other Allergies

Inhalers & Epi-Pens: The Camp Health Director / Nurse must keep the primary. If you would like your camper to carry, you must provide a second inhaler or epi-pen. Please note that Camp is NOT responsible for lost items, including inhalers or epi-pens.

- YES NO Has your camper been trained in the proper use of their inhaler or epi-pen?
- YES NO Does your camper have parental consent to carry their (second) inhaler or epi-pen?

MENINGOCOCCAL MENINGITIS VACCINATION: NYS Public Health Law requires a completed response on all campers.

- 1) My child has received the meningococcal meningitis immunization (Menomune™) within the last 10 years.
_____ **Date received (REQUIRED)** Note: The vaccine's protection lasts for approximately 3 to 5 years.
- 2) I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will not obtain immunization against meningococcal meningitis.
- 3) My child is not old enough to receive the meningococcal meningitis vaccine.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

ACKNOWLEDGEMENT OF RISK FORM

(Form must be completed to participate)

I hereby apply for my child to participate in the summer residence camp program indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the camp and its programs and activities and that my child's use of any equipment related to such activities and programs may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby fully accept and agree to these risk and dangers.

My child is in good health and is at or above the minimum age of 6 required to participate in camp and all camp activities including those listed below and he/she is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all camp materials describing the various activities and programs conducted by the camp.

Name of camp: 4-H CAMP SHANKITUNK
Location: 2420 ARBOR HILL ROAD, DELHI, NY 13753

Camp activities: All camp activities, including but not limited to, swimming, hiking, fishing, basketball, volleyball, soccer, baseball, archery, ropes course/team challenge, rocketry, woodworking, arts and crafts, and cooking

Dates: JULY 2, 2017 - AUGUST 4 2017

Note: Activities listed above may involve competition between both boys and girls or coed teams.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MY CHILD PARTICIPATE IN THE CAMP AND ALL ACTIVITIES AND PROGRAMS OF THE CAMP AND I UNDERSTAND AND FULLY ACCEPT THE RISKS INVOLVED.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in 4-H Camp Shankitunk activities shall be venued in the Supreme Court of the State of New York, Delaware County.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Participant's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

CODE OF CONDUCT

(Form must be completed to participate)

The following ground rules are designed to make each camper's experience at 4-H Camp Shankitunk safe and satisfying for everyone attending camp this summer.

- 1. Participate** - Everyone is expected to participate in all activities. No camper may leave the grounds unless permission is secured from the Camp Director or administrator.
- 2. Create a Welcoming Environment for All** - Recognize that everyone has skills and talents to contribute. Though we may not always agree, we must disagree respectfully.
- 3. Bring Your Best Self** - Respect and follow the rules. Conduct yourself in a manner that reflects honesty, integrity, and self-control. Fighting, obscene or discriminatory language; and insubordination are never acceptable.
- 4. Obey the Law** - Commit no illegal acts. Do not possess or use illegal drugs, tobacco products, firearms, weapons, or any harmful object with the intent to hurt others at any time.
- 5. Honor Diversity - Yours and Others.** Respect the rights and dignity of everyone. Cornell Cooperative Extension is an equal opportunity, affirmative action educator and employer.
- 6. Create a Safe Environment.** Do not carelessly/intentionally harm other youth or adults in any way (verbally, mentally, physically, or emotionally). Refrain from romantic displays and sexual activities. Be kind and compassionate. Harassment, bullying, and other exclusionary behavior are not acceptable.
- 7. Watch What You Wear** - Use your best judgment. Wear clothing suited for the activity you will participate in. Don't wear clothing that reveals underwear, midriff, buttocks, or cleavage, etc. Clothing promoting intoxicants or displaying inappropriate/discriminatory messages are never acceptable.
- 8. Recognize off-limit areas** - These are places where the campers are not allowed to go unless an adult is accompanying them. In addition, everyone must keep to their designated lodging areas: boys may not be in girls' units/tents/bathrooms and girls may not be in boys' units/tents/bathrooms.
- 9. Respect Rest Times** - All participants are to be in their assigned area at curfew and to comply with the quiet hours, lights out, and other rules of the camp, including rest time after lunch.
- 10. Say Something** - Help others by promptly reporting any violations or infractions of these rules to the Camp Director.

CONSEQUENCES for violations or infractions of these rules:
(ANY of the following may be used, depending on severity)

1. Camper will receive a verbal warning from counselor.
2. Camper will meet with Camp Director. Parent/guardian will be notified by telephone if appropriate.
3. Camper will be sent home from camp at family's expense.

I have read the Code of Conduct with my camper and he/she agrees to abide by the rules outlined above.

Camper's Name: _____

Camper's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please Complete and Return to 4-H Camp Shankitunk at Least Two (2) Weeks Prior to Arrival

PHOTO/VIDEO RELEASE FORM

Cornell Cooperative Extension (CCE) and Cornell University are granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational purposes, on their respective websites or for promotion of their respective programs.

I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension and Cornell University and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

___ **YES**

___ **NO**

I am at least at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign on the behalf of any other parent/guardian of the child named herein.

Participant's Name: _____

Name of Parent/Guardian Name: _____

Signature: _____

Date: _____

EMERGENCY TRANSPORTATION RELEASE

I, the undersigned parent/guardian of:

Participant's Name: _____

Date of Birth: _____

DO hereby give permission to authorized, licensed representatives of 4-H Camp Shankitunk to provide transportation in an authorized vehicle for my child in the event of a weather or medical emergency.

Parent/Guardian Name: _____

Signature: _____

Date: _____

DEMOGRAPHIC REPORTING

(Please assist us in achieving our goal of inclusiveness)

Cornell Cooperative Extension provides equal program and employment opportunities. In an effort to assist us in achieving our goal of inclusiveness, please take a moment to provide the following information about your camper. *This information will ONLY be used for federal reporting purposes.*

ETHNICITY *(Check One)*

_____ Hispanic _____ Non-Hispanic

RACE *(Check One)*

_____ White _____ Black
_____ Asian _____ Native American
_____ Pacific Islander/
Native Hawaiian _____ Other:

REFUND/CANCELLATION POLICY

All refund requests must be made in writing. There will be a processing fee of \$75.00 per session applied to all refunds.

Upon arrival, if it is determined that a camper is too ill to attend, the camper will be sent home immediately. No refund issued. In the event a camper becomes ill while at camp and is sent home at the discretion of the Camp Nurse, no refund will be issued.

In the interest of the health and wellness of all campers, those campers who cannot adjust to camp (e.g. severe homesickness, bed wetting, disruptive or dangerous behavior, non-compliance, etc.) may be sent home at the discretion of the Camp Director. No refund will be issued.

Full refunds minus the applicable processing fees will only be considered for emergency situations. An emergency situation is defined as a specific medical condition (e.g. injury, illness or hospitalization) or a certain family situation (e.g. death in family).

Please note that requests for refunds will be subject to review and may take time to process.

Camper's Name: _____ Parent/Guardian Signature: _____