



# Health Form 1 (HF1) Medical Information

**New: These forms MUST be submitted in full by June 1st or your registration for camp may be cancelled. If you have questions or anticipate a problem, please contact us immediately at (607) 865-6531.**

**To Parents/Guardians:** Please follow the instructions below.

- 1) Complete HF1 & HF2
- 2) Contact Physician to complete or obtain copies of:
  - 2a) HF3 (physician/medication form)
  - 2b) Immunization History
  - 2c) Copy of last physical (**within 18 months**)
- 3) Review and sign the Code of Conduct with camper.
- 4) Complete Assumption of Risk and Releases Page
- 5) Make a copy of everything for your records.
- 6) Submit completed and signed paperwork by June 1<sup>st</sup>

### ATTENDING CAMP:

**PARTICIPANT NAME:** \_\_\_\_\_

LAST, FIRST MIDDLE

- OVERNIGHT
- DAY CAMP
- WEEK 1  
 WEEK 2  
 WEEK 3  
 WEEK 4  
 WEEK 5

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Pronouns (optional) \_\_\_\_\_

### EMERGENCY CONTACT: PARENT / GUARDIAN

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

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 Participant \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**FAMILY PHYSICIAN:** Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Office Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Is this camper covered by family medical/health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

|                      |                                    |               |
|----------------------|------------------------------------|---------------|
| Policy Holder's Name | Insurance Company and Phone Number | Policy Number |
|----------------------|------------------------------------|---------------|

### PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE & TRANSPORTATION

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 \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_



# HF2 – Health History

GENERAL HEALTH HISTORY – PLEASE FILL IN ALL INFORMATION. WRITE N/A IF APPROPRIATE.

PARTICIPANT NAME \_\_\_\_\_ First Time Overnight?  YES  NO  N/A

Has/Does the participant 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 Constipation
- YES  NO Diabetes
- YES  NO Diarrhea
- YES  NO Disability or Chronic Condition
- 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

Developmental Disability \_\_\_\_\_

Operations/Serious Injuries (dates) \_\_\_\_\_

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

**FEMALES:**

- YES  NO Has this person menstruated?
- YES  NO If no, has she been told about menstruation?
- YES  NO If yes, is her menstrual cycle normal?

**ALLERGIES:** Please specify allergy and typical reaction.

Environmental Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Insect Sting/Other Allergies: \_\_\_\_\_

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

- YES  NO Camper has been trained in the proper use of their inhaler/epi-pen.
- YES  NO Camper has parental consent to carry their second inhaler/epi-pen.

**MENTAL / EMOTIONAL / SOCIAL HEALTH (MESH):** Has the participant:

- YES  NO Ever been treated for attention deficit disorder (ADD) OR attention deficit 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 event that continues to affect the participant’s life (death of a loved one, family change, etc.)?

If yes, or if there is anything we’ve forgotten to ask, please explain (separate sheet may be used if necessary) \_\_\_\_\_

**SUNSCREEN & INSECT REPELLANT:** I hereby give permission for my son/ daughter to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it. Should my son/daughter not have either sunscreen or insect repellent on person, I hereby give permission for camp staff to apply either to my child based on what camp staff has been supplied and the request of my son/daughter.

- YES  NO

**DIET:** This camper eats a

- Regular Diet
- Vegetarian Diet
- Special Food Needs:

*Please describe any special food/nutrition needs . . .*

**ACTIVITY RESTRICTIONS:** I have reviewed the program and activities of the camp and feel (*mark one answer below*)

- My camper can participate without restrictions.
- My camper can participate with the following restrictions or adaptations. (Please describe below.)

## ASSUMPTION OF RISK FORM

(Form must be completed prior to participation)

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 all 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. I hereby fully accept and agree to such risks and dangers, both known and unknown.

My child is in good health and is at or above the minimum age of six (6) required to participate in the camp and is able to participate in any strenuous physical activity associated therewith. I affirm that I have read all the 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:** Camp activities include but are not limited to: swimming, hiking, fishing, basketball, volleyball, soccer, baseball, archery, ropes course/team challenge, rocketry, woodworking, arts and crafts, and cooking.

**Dates:** JULY 3, 2022 - AUGUST 5, 2022

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

**Swimming:** Does your child have permission to swim?  
(Required for children with a developmental disability)

YES NO

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 and I understand and 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 myself and 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 prior to participation)

The following ground rules are designed to make the 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 judgement. Wear clothing suited for the activity you will participate in. Don't wear clothing that reveals under garments, midriffs, buttocks, 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.

We have a three strike discipline policy. *The Camp Director, in his/her sole discretion, may waive the three strike policy and send a camper home depending upon the level of camper misconduct.* Campers violating camp rules, policy, or code of conduct will be dealt with as follows:

- First Offense:** Counselor or other official will provide a verbal warning.  
**Second Offense:** Director or designee will meet with camper and call home.  
**Third Offense:** The camper will be sent home.

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

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is required. Please submit with your health forms.

Participant's Name \_\_\_\_\_

### 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

### HELP US GET TO KNOW YOU BETTER

Please take a moment to provide the following information about your camper. This valuable information helps us serve our camp families and better achieve our goal of inclusiveness.

#### 1) 4-H MEMBER (Check One)

\_\_\_ YES                      \_\_\_ NO

#### 2) RESIDENTIAL DISTRIBUTION (Check One)

\_\_\_ Farm  
\_\_\_ Rural (Under 10,000)  
\_\_\_ Town (10,000-50,000)  
\_\_\_ Suburban City (less than 50,000)  
\_\_\_ Central City (Greater than 50,000)

#### 3) ETHNICITY (Check One)

\_\_\_ Hispanic                      \_\_\_ Non-Hispanic

#### 4) RACE (Check One)

\_\_\_ African American                      \_\_\_ Asian  
\_\_\_ Caucasian/White                      \_\_\_ Native American  
\_\_\_ Pacific Islander/  
Native Hawaiian                      \_\_\_ Balance  
(other combination)

*Cornell Cooperative Extension provides equal program and employment opportunities.*

### REFUND/CANCELLATION POLICY

**All refund requests must be made in writing. NO refunds will be issued after Friday, June 17, 2022. There will be a processing fee of \$100.00 per session applied to all refunds.**

We understand that sometimes things happen or plans change. If you need to cancel, we ask that you notify our camp secretary as soon as possible. We often have families on a waiting list and would like to include their children at camp whenever possible.

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.

For 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 issued.

Full refunds minus the applicable processing fees will only be considered after June 18<sup>th</sup> for emergency situations. An emergency situation is defined as a medical condition (e.g. injury, illness or hospitalization) or a certain family situation (e.g. death in family).

**COVID-19 REFUND EXCEPTION:** If a camper tests positive for Covid-19 or is identified as a primary contact during a Covid-19 exposure within the two weeks prior to them attending camp, we will honor a full refund, provided documentation of a positive test or quarantine orders is provided. If a camper exhibits symptoms of Covid-19 during the health screening phase at camp, and is not permitted to remain at camp, a full refund will be given. In lieu of a refund, families may elect to transfer their camp fee to a later session of camp if availability allows.

In the event a camper tests positive for Covid- 19 while at camp or is exposed to someone who tests positive while at camp and needs to be sent home, a pro-rated refund will be given. (less \$90 per day of Overnight Camp and \$40 per day of Day Camp).

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

Name of Parent/Guardian Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

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### Assumption of the Risk and Waiver of Liability Relating to Camp & Coronavirus/COVID-19

This form must be completed as part of the registration process for each camping year.

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Name of Camp: 4-H Camp Shankitunk

Location: 2420 Arbor Hill Road Delhi, NY 13753

Date(s): July 3 – August 5

I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in I or my dependent's participation in the camp and its programs and activities. I fully understand that I or my dependent's participation in the camp and all its activities and programs and that I or my dependent'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 risk and dangers and I hereby fully accept these risks and dangers.

I or my dependent is in good health and is at or above the minimum age of required to participate in the camp and is able to participate in any strenuous physical activity associate therewith. I affirm that I have read all the camp materials describing the various activities and programs conducted by the camp.

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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people of more than # \_\_\_\_.

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Acknowledgement of Risk

**I understand Cornell Cooperative Extension of Delaware County ("CCE")** has put in place preventative measures to reduce the spread of COVID-19; however, **CCE cannot guarantee** that I or my dependent will not become infected with COVID-19. Further, **entering the facilities of, or participating in programs of, CCE could increase my risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19.

By participating in **CCE** programs and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 diseases may result from the actions, omissions, of myself and others, including, but not limited to, **CCE** employees, volunteers, other participants, visitors or vendors.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering **CCE** or participation in **CCE** programming ("Claims"). On my behalf, and on behalf heirs and estate, I hereby

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## CORNELL COOPERATIVE EXTENSION - Volunteers and Program Participants

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### Assumption of the Risk and Waiver of Liability Relating to Camp & Coronavirus/COVID-19

release, covenant not to sue, discharge, and hold harmless **CCE**, its directors, officers, employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, or omissions of the **CCE**, its directors, officers, employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after my participation.

And in addition: As a volunteer, program participant or the guardian of a program participant under the age of 18, by signing the attached, I acknowledge that I have reviewed the plan **for Cornell Cooperative Extension of Delaware County ("CCE")**. I will abide by the guidelines and continued updates as released by NYS Forward and the CDC.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE IT IS MY INTENTION TO HAVE MYSELF OR MY DEPENDENT PARTICIPATE IN THE CAMP AND ALL ACTIVITIES AND PROGRAMS AND I UNDERSTAND AND 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 the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.**

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

Participant's Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# HF3 – Physician Form & Medication Authorization

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

PARTICIPANT NAME \_\_\_\_\_

IMMUNIZATION HISTORY: Please provide a current vaccination record which includes name of vaccines and dates administered.

PHYSICAL EXAM: Done Today?  YES  NO If NO, date of last physical: MM/DD/YEAR \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ ft \_\_\_\_\_ in Blood Pressure: \_\_\_\_\_/\_\_\_\_\_

Has this individual been diagnosed with a developmental disability?  YES  NO If yes, please explain: \_\_\_\_\_

Participant is undergoing treatment at this time for the following condition(s): \_\_\_\_\_

Do you feel this person will require limitations or restrictions while at camp?  YES  NO If yes, please explain: \_\_\_\_\_

**Medication Authorization:** My child may receive medications, including prescription and/or over-the-counter, during their time at camp. The Camp Health Supervisor may provide necessary medications as needed. **Note: Our medical staff cannot administer any medication (including over-the-counter medications) without the appropriate signature from the licensed Health Care Professional on this form.** (If you do not wish for your child to receive any medications, check the box at the bottom of this page and sign that section. If your child requires medication during their stay at camp, you will be required to attend to your child's medications.)

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

| DRUG NAME                      | <b>CIRCLE</b> ROUTE              | DOSAGE                               | SCHEDULE & INDICATIONS                                   | <b>PERMISSION TO ADMINISTER</b> |
|--------------------------------|----------------------------------|--------------------------------------|--|---------------------------------|
| Ibuprofen (Advil/Motrin)       | Elixir, tabs, or Chewable        | Per Label Instructions by age/weight | Q 4 hr for pain or fever > _____°F                       | YES or NO                       |
| Acetaminophen (Tylenol)        | Elixir, tabs, or Chewable        | Per Label Instructions by age/weight | Q 4 hr for pain or fever > _____°F                       | YES or NO                       |
| Antacids (Tums)                | Pills or liquid                  | Per Label Instructions by age/weight | Q 2-4 hrs PRN gas, heartburn, indigestion, upset stomach | YES or NO                       |
| Diphenhydramine (Benadryl)     | Elixir, tabs, pills, or Chewable | Per Label Instructions by age/weight | Q 6 hr PRN for allergic reaction, (hives, insect bite)   | YES or NO                       |
| Loratadine (Claritin)          | 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                    | Oral                             | Per Label Instructions by age/weight | PRN for cough or sore throat                             | YES or NO                       |
| Dextromethorphan (Cough Syrup) | Elixir                           | Per Label Instructions by age/weight | Q 4 hrs PRN for cough                                    | YES or NO                       |
| Hydrocortisone                 | Topical Cream                    | Per Label Instructions               | Q 6 -8 hrs PRN rash, skin irritation, insect bites       | YES or NO                       |
| Antiseptic                     | Topical                          | Per Label Instructions               | PRN stings/bites, cuts, scrapes, splinters, blisters     | YES or NO                       |
| Antifungal                     | Spray / Powder                   | Per Label Instructions               | PRN Athletes foot, jock itch                             | YES or NO                       |

### Prescription and/or other OTC Medications brought to camp with the camper

| DRUG NAME | ROUTE | DOSAGE | SCHEDULE & INDICATIONS |
|-----------|-------|--------|------------------------|
|           |       |        |                        |
|           |       |        |                        |
|           |       |        |                        |

**ALL medications MUST be in their ORIGINAL CONTAINERS and surrendered to the Camp Nurse at registration!**

Please consider sending only what your child needs for their stay at camp. This prevents problems if meds are forgotten at pick up.

I have reviewed the health forms and 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). They may be given any of the medications as indicated.

Name of Health are Professional \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

Office Address \_\_\_\_\_

Signature of Licensed Physician/Provider \_\_\_\_\_ License # \_\_\_\_\_ Date \_\_\_\_\_

**NO.** I do not authorize any medications to be given to my child while they are at camp. Please contact me in the event that my child would need any medication. **Parent/Guardian Signature:** \_\_\_\_\_