



Ohio 4-H Member/Cloverbud Enrollment Form

4-H Club _____
☐ Check here if this is your Primary Club

Years in 4-H (Including this year) _____

New enrollment ☐Re-enrollment ☐Member ☐Cloverbud ☐

E-mail Address _____

Name (please print) _____
First Middle Initial LastMailing Address _____ County of Residence _____
Street City ZipPrimary Phone _____ - _____ - _____ Correspondence Preference ☐ E-mail ☐ Mail T-Shirt Size _____ ☐ Youth ☐ AdultBirth Date ____ / ____ / ____ 4-H Age (age as of Jan. 1) ____ Gender ☐ Male ☐ Female Cell Phone _____ - _____ - _____☐ Check here to receive text alerts to your mobile device. Name of Mobile Service Provider _____

(There is no fee for this service. However, standard text message rates may apply. Please contact your mobile service provider for more details.)

All 4-H mailings are directed to the primary parent/legal guardian listed below. Additional mailings may be directed to other parental/legal guardian at different addresses if indicated below.

Primary Parent/Guardian _____ Parent/Guardian #2 _____
First Last First Last

Address (if different) _____ Address (if different) _____

City _____ Zip _____ City _____ Zip _____

Cell _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____

E-mail _____ E-mail _____

Receive 4-H mailings via ☐ E-mail ☐ Mail ☐ No Mailings

Occupation _____ Occupation _____

Relationship to 4-Her _____ Relationship to 4-Her _____

☐ Check here to list this parent/guardian as emergency contact☐ Check here to list this parent/guardian as emergency contact

Ethnicity (check one)

☐ Hispanic ☐ Not Hispanic

Race (check all that apply)

☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Hawaiian/Pacific Islander ☐ Asian

Residence (check one)

☐ Farm ☐ Town/Rural ☐ Town ☐ Suburb ☐ City
(Less than 10,000) (10,000 to 50,000) (More than 50,000) (More than 50,000)☐ I have a parent serving in the Military ☐ I have a sibling serving in the MilitaryBranch of Service ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ NavyBranch Component ☐ Active Duty ☐ National Guard ☐ Reserves

School District _____ School Name _____ Grade _____

Health Considerations/Notes (i.e. food allergy, diabetes, etc....) _____

Project #	4-H Project Name	Project #	4-H Project Name

☐ I have read, understand, and agree to abide by the **OHIO 4-H CODE OF CONDUCT** on the back of this form.

4-H Participant Signature _____

Date _____

4-H Volunteer/Leader Signature _____

Date _____

THE OHIO STATE UNIVERSITY
COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

{00215711-2} Ver. 11/15.1 - TGrody

Note to Parents/Guardians: Please review & complete the back of this form

ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE

I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. I understand and accept such risks, and thus waive all claims, demands and causes of action against the State of Ohio, The Ohio State University, the County and their respective trustees, members, officers, employees, agents and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

I, (printed name) _____, am the parent or legal guardian of the 4-H participant. I have read and I understand the provisions of this document, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Acknowledgement of Responsibility and Release.

PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION

Ohio State University Extension would like to share the positive results of youth participation in Extension and 4-H Youth Development events. However, in some cases, parents or guardians may prefer not to permit such publicity.

(Please select one) ☐ I GIVE ☐ I DO NOT GIVE the Ohio State University permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. If this section is not completed, publicity about this child's participation will not be used by Ohio State University Extension.

OHIO 4-H CODE OF CONDUCT

4-H members, parents, and other adults participating in 4-H activities will:

1. Adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
2. Conduct themselves in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide positive role models.
3. Abstain from illegal behaviors, use of alcohol, illegal or illicit drugs, and tobacco during 4-H events and activities.
4. Fully participate in scheduled activities.
5. Respect other's property and privacy rights.
6. Abstain from child abuse (physical and/or verbal) and harassment.
7. Accept personal responsibility for behavior including any financial damage.
8. Be responsible for any financial damage caused by inappropriate behavior.
9. Adhere to rules of safety.
10. I will uphold and support the responsible and lawful use of social media. In so doing, I will not create or post social media content that is abusive, threatening, defamatory, obscene, harassing, or creates a hostile environment.

Consequences for violating any part of this code of conduct may include, but are not limited to: removal from participation in the event in which the code of conduct has been violated (at the individual's expense); sanctions on participating in future 4-H events; forfeiture of financial support for the event; removal from offices held, etc.

Behavior outside of 4-H activities can affect "member in good standing" or "volunteer in good standing" status.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have read, understood and thus agree to the above ACKNOWLEDGEMENT OF RESPONSIBILITY AND RELEASE, PERMISSION TO USE CHILD'S PHOTOGRAPHIC FORM FOR PROMOTION, and 4-H CODE OF CONDUCT mentioned above on this _____ DAY OF, _____ 20_____.

I hereby give permission for (printed name of 4-H participant) _____ to participate in organized events and activities offered by Ohio 4-H Youth Development Program for the current 4-H enrollment year. It is my understanding that my child will learn, understand and follow established guidelines for safety in the activities in which he/she participates. Further, I understand and agree that my child's 4-H enrollment information may be shared with organizations providing oversight of county and independent fairs.

Printed Name (4-H Participant)

Signature (4-H Participant)

Printed Name (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

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



Saturday Morning Sessions –Choose One

Saturday

10:30-11:15

- ☐ Archery - Learn the basics of archery
- ☐ Games Galore - A fun-filled hour with physically stimulating games
- ☐ Camp Songs & Line Dancing - Learn camper's favorite songs and line dances
- ☐ Nature - Explore the great outdoors with a scavenger hunt
- ☐ Sign Language - Learn the basics of sign language

Choose Your Own STEM Activity

1st Choice:

- ☐ Rockets Away - Make and launch 2-liter bottle rockets
- ☐ Outdoor Cooking - Take your cooking skills to the great outdoors and learn to cook on an open fire
- ☐ S'mores Solar Oven - Cook s'mores using a solar oven - built by you!
- ☐ Crazy Chemistry - Investigate by doing crazy science experiments
- ☐ Paracord Flashlight Keychain - Construct a flashlight to put on a paracord keychain

2nd Choice:

- ☐ Rockets Away - Make and launch 2-liter bottle rockets
- ☐ Outdoor Cooking - Take your cooking skills to the great outdoors and learn to cook over an open fire
- ☐ S'mores Solar Oven - Cook s'mores using a solar oven - built by you!
- ☐ Crazy Chemistry - Investigate by doing crazy science experiments
- ☐ Paracord Flashlight Keychain - Construct a flashlight to put on a paracord keychain

Sunday Morning Sessions – Choose One

Sunday

10:30-11:15

- ☐ Archery- Learn the basics of archery
- ☐ Games Galore- A fun filled hour with physically stimulating game
- ☐ Camp Songs and Line Dancing - Learn campers' favorite song and line dances
- ☐ Nature - Explore the great outdoors with a scavenger hunt
- ☐ Dance - Dance is known as the universal language; learn dances from around the world.

Choose Your Own Craft

1st Choice:

- ☐ Paintball Art - Create a canvas masterpiece using paintballs
- ☐ Keepsake box - Decorate a keepsake box to store all of your camp memories
- ☐ Sew Fun - Have fun learning the art of sewing
- ☐ Candle Making - Dip your own candle and make a candle holder
- ☐ All Things Tie-Dye - Learn new methods of tie-dying (if you want to do traditional tie-dye, bring your own white t-shirt)
- ☐ Tic Tac Toe Board - Paint your own tic tac toe board and markers

2nd Choice:

- ☐ Paintball Art - Create canvas masterpiece using paintballs
- ☐ Keepsake Box - Decorate a keepsake box to store all of your camp memories
- ☐ Sew Fun - Have fun learning the art of sewing
- ☐ Candle Making - Dip your own candle and make a candle holder
- ☐ All Things Tie-Dye - Learn new methods of tie-dying (if you want to do traditional tie-dye, bring your own white t-shirt)
- ☐ Tic Tac Toe Board - Paint your own tic tac toe board and markers

Monday Morning Sessions –Choose One

Monday

10:30-11:15

- ☐ Archery - Learn the basics of archery

- ☐ Games Galore - A fun filled hour with physically stimulating games
- ☐ Camp Songs and Line Dancing - Learn campers' favorite songs and dances
- ☐ Nature - Explore the great outdoors with a scavenger hunt
- ☐ Shaving Cream Wiffle Ball - Wiffle Ball with a twist

Choose Your Own Adventure

Choose One

- ☐ Canoe
- ☐ Camp Games

Camp Graham T-Shirt

- ☐ Youth Small - \$12.00
- ☐ Youth Medium - \$12.00
- ☐ Youth Large - \$12.00
- ☐ Adult Small - \$12.00
- ☐ Adult Medium - \$12.00
- ☐ Adult Large - \$12.00
- ☐ Adult Extra Large - \$12.00

Cabin Buddy Request:

You may request to room with ONE other camper

Ohio 4-H Camp Cell Phone/Electronic Device Phone Policy

As a means of risk management, youth participants (campers and counselors) may not possess cell phones or any other internet-enabled devices during 4-H camp. Counselors shall not use cell phones or internet-enabled devices (as alarms, music players, etc.) in their cabins at any time. Camp Program Directors have discretion for permitting camp counselors selective cell phone use during limited time periods, such as during out-posting, nature treks, or off-camp travel (field trips), or for other safety concerns where the use of two-way radios is not practicable. Camp Program Directors will determine

consequences for possessing a cell phone or internet-enabled device. The State 4-H Office recommends a zero tolerance approach: If an individual is caught with a prohibited cell phone or other internet enabled device, they will be sent home at the family's expense.

Camper
Signature

Parent/Guardian
Signature

Camper Behavior Statement

As a camper at 4-H Camp Graham during the Clermont/Hamilton County 4-H Camp, I understand that I am expected to exhibit that behavior which best suits the attitude of a responsible and considerate camper and agree to abide by the camp rules and regulations. I further understand that inappropriate behavior and breaking of rules does not demonstrate good camping philosophy and will not be tolerated and could result in my being sent home.

Camper
Signature

Parent/Guardian
Signature

For Office Use Only:

Date Payment
Received

Check
Number:

Payment Type (Add Amount Paid)

Check

Cash

Campership

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:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

☐ To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> 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

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

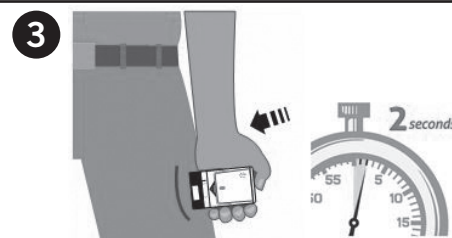
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

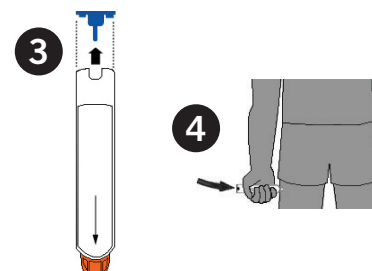
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



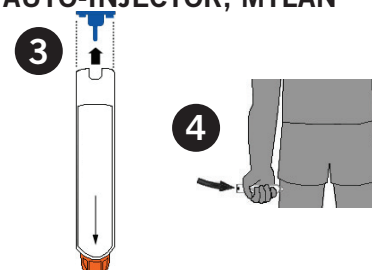
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



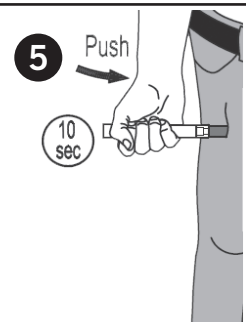
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

Ohio 4-H Camps

Immunization Exemption Form

I, the parent or guardian of _____, state that my child would like to participate in the 4-H Camp, _____, and has not received the following immunizations:

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Diphtheria / Tetanus / Pertussis | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus Influenza Type B |
| <input type="checkbox"/> Measles/Mumps/Rubella | <input type="checkbox"/> Varicella (Chicken Pox) |

My child has not received the immunizations above because: _____

By signing below, I acknowledge that during the course of an outbreak of any of the aforementioned diseases that my child may be subject to exclusion from camp for the duration of the outbreak for health and safety reasons at the sole discretion of OSU Extension.

Parent/Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____





MORGAN'S CANOE AND OUTDOOR ADVENTURES RELEASE OF LIABILITY

In consideration of being allowed to participate in anyway in the MORGAN'S CANOE AND OUTDOOR ADVENTURES, INC. program, it's related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (print name)

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or other, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated customary terms and conditions of participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE MORGAN'S CANOE AND OUTDOOR ADVENTURES, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity 9"Releasees"), WITH RESEPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT.

X _____ Age: _____ Date: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (**Under 18 at time of registration.**) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's Involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Date: _____
PARENT/GUARDIAN SIGNATURE Print name

Waiver and Permission to Transport Child/Charge Ohio State University Extension

Child/Charge: _____

Event: Morgan's rafting trip transportation by Morgan's Outdoor Adventures

Location: 5701 State Route 350, Oregonia, Ohio 45054 (Morgan's Outdoor Adventures)

Driver: Driver & bus provided by Morgan's Outdoor Adventures

Date of Event: June 10, 2018

Rain date: June 11, 2018

Trip: Camp Graham to Morgan's and return to Camp Graham.

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. 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.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____