Camp Graham’s
Little Stars
Clermont-Hamilton Cloverbud Day Camp
Saturday, June 11, 2016
10:00 a.m. — 3:00 p.m.
4-H Camp Graham

Activities
★ Craft Projects ★ Pool Games
★ Camp Songs ★ Nature Hike
★ Recreation ★ Story Time
★ Camp Games ★ And much more!

What is Cloverbud Day Camp?
Are you looking for that first camp experience for your 5 to 8 year old (K-2)? Cloverbud Camp at Camp Graham is perfect! Your Cloverbud will experience 4-H Camp through fun, hands-on activities and will have a very memorable day. Give your child a special summer gift... a safe and exciting camp experience!

What to Bring
Just like regular 4-H Camp, Cloverbud campers should pack gear for camp. Please put names on everything with permanent marker. Also, wear older clothes and shoes - campers will get dirty.

The following is a list of what to pack:

★ Daypack or backpack to carry gear
★ Swim suit
★ Towel
★ Extra pair of dry socks
★ Lightweight jacket or sweatshirt
★ Good walking/tennis shoes
★ Flip-flops/sport sandals
★ Hairbrush or comb
★ Water Bottle

Where is 4-H Camp Graham?
4-H Camp Graham
164 Springhill Road
Clarksville, OH 45113
http://4hcampgraham.osu.edu/directions.html

4-H Camp Graham is an accredited camp with the American Camping Association following all health, safety and program standards.
2016 Cloverbud Day Camp Registration

Camp Registration Deadline: June 3rd, 2016
One registration form per child
No late registrations accepted

Camper’s Name: ________________________________________ □ Male □ Female

Age (5-8) as of 1/1/2015: ___________ Date of Birth: _________________ T-Shirt Size ___

Address: _____________________________________________________________

City: __________________________ State: _____ Zip: __________ 4-H Club: _________________

Name of Parent/Guardian: ____________________________________________________________________________

Phone Number (in case of emergency): ___________________ Email: __________________________

Are there any dietary restrictions, allergies or special needs the staff should be aware of? □ Yes □ No
Explain: ___________________________________________________________________________________________

Checks should be made payable to: Ohio State University Extension Clermont
Any returned checks will be charged a fee
Campers need to register, pay fees, and turn in medical history forms by June 3rd, 2016.
Register in person at the Clermont County Extension Office or mail forms to:
OSU Extension Clermont County, 4-H Cloverbud Camp
P.O. Box 670
Owensville, OH 45160

Questions?
Kelly Royalty
4-H Youth Development Educator
Clermont County
royalty.9@osu.edu
513-732-7070

Calculate Your Total Camp Fee

Camp Fee…………………………… $__________
□ $35 (1st/2nd Cloverbud) □ $30 (3rd Cloverbud)
□ $25 (4,5,6 Cloverbud) □ $45 Non Cloverbud

Camp Memories …………………… +$________
□ Camp Picture ($10)

TOTAL CAMP FEE……………………… $__________
## 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.

### Participant/Member Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
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<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>(Middle)</td>
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<tr>
<td>Address:</td>
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<td>(Street)</td>
<td>(City)</td>
<td>(State)</td>
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<tr>
<td>Home Phone:</td>
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<td>County:</td>
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<tr>
<td>Date of Birth:</td>
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<td>Male/ Female</td>
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### Emergency Contact Information:

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Parent/Guardian Cell Phone:</th>
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<tbody>
<tr>
<td>Other Contact:</td>
<td>Other Cell Phone:</td>
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<tr>
<td>Other Contact:</td>
<td>Other Cell Phone:</td>
</tr>
<tr>
<td>Physician:</td>
<td>Physician Phone:</td>
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<tr>
<td>Dentist:</td>
<td>Dentist Phone:</td>
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### 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)

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Dosage:</th>
<th>Frequency/Instructions:</th>
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</table>
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:

- Acetaminophen (ex: Tylenol)
- Antiseptics
- Diarrhea Medication (ex: Imodium)
- Poison Ivy Medicine (ex: Calamine Lotion)
- Aloe Lotion
- Antibiotic Ointment (ex: Neosporin)
- Ibuprofen (ex: Advil, Motrin)
- Sore Throat Medicine
- Antacids (ex: Maalox, Tums)
- Cough Syrup/Drops
- Insect Repellent
- Sun Screen
- Antihistamine (ex: Benadryl, Claritin)
- Decongestant (ex: Sudafed)
- Laxative (ex: Milk of Magnesia)
- Swimmer’s Ear Medicine

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: ____________________________

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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:
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 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