CAMP BOB MARSHALL 4-H CAMP
CAMPER INFORMATION FORM

Please print all information

CAMPER NAME: _____ SESSION : _____

COUNTY: _____CAMPER'S BIRTHDATE: _____ AGE AT CAMP: _____

ADDRESS WHERE CHILD LIVES:_____

PARENT/GUARDIAN'S NAME(S) _____

HOME PHONE NUMBER: _____ EMAIL ADDRESS: _____

T-SHIRT SIZE (PLEASE CIRCLE ONE) YOUTH _____ OR ADULT _____

EMERGENCY CONTACT INFORMATION (IF PARENT/GUARDIAN CAN'T BE REACHED):

NAME: _____ HOME PHONE: _____ CELL: _____

WORK PHONE: _____ RELATIONSHIP: _____

MEMBER'S HEALTH INFORMATION: FILL IN COMPLETELY

**** CAMP BOB IS NOT A NUT FREE FACILITY.** FOOD ALLERGIES REQUIRING A MENU CHANGE MUST BE DISCUSSED WITH THE CAMP COOK BY JUNE 1. THE CAMP NUMBER IS 605-673-2730. WE ARE HAPPY TO ASSIST, BUT NEED LEAD TIME.**

1. LIST ANY SIGNIFICANT ALLERGIES TO DRUGS: _____
2. LIST ANY SIGNIFICANT ALLERGIES TO FOOD: _____
3. ARE IMMUNIZATIONS CURRENT? Y/N DATE OF LAST TETANUS SHOT: _____
4. DOES YOUR CHILD HAVE ASTHMA Y/N
5. IS YOUR CHILD ALLERGIC TO BEE STINGS? Y/N
6. IS YOUR CHILD DIABETIC? Y/N
7. CIRCLE ANY CONDITION WHICH WARRANTS A BOTTOM BUNK: **SLEEP WALKING, BED WETTING, FREQUENT URINATION, SEIZURES, OTHER**

_____

INSTRUCTIONS FOR MEDICATION AT 4-H CAMP:

1. All prescriptions and over the county mediations brought to 4-H camp by the camper will be turned into the medical staff upon arrival of camp.
2. ALL MEDICATIONS MUST BE IN THE **ORGINAL** CONTAINER & placed in a **zip lock bag labeled with the camper's name.** ****No medication will be accepted without original container.** Send only enough dosages for use during the camp session**
3. All over-the-counter medications must be accompanied by written authorized from physician OR parent, giving the name, dosage, frequency, & when medication may be given (See Below)
4. The 4-H camp medical staff will dispense all prescription medications.
5. Campers needing asthma inhalers, epinephrine or other emergency medications must check them in with the medical staff. If the camper needs to carry medication with them, then parent/guardian written permission is required.
6. All medications will be returned to the camper at the end of camp at check-out.

MEDICATIONS YOU ARE BRINGING TO CAMP – Please use additional sheet if needed

Name of Medications	Dosage of medication to be given	How Often?	Reason for giving medication

CHECK ALL OVER-THE-COUNTER MEDICATIONS THAT YOUR CHILD MAY RECEIVE IF DEEMED NECESSARY:
Dosages will be administered according to directions on the bottle unless a parent or physician directs otherwise.
CHILDREN'S MEDICATIONS FOR:

_____ Minor pain, headaches, menstrual cramps (Tylenol, Ibuprofen)
_____Sore throat, coughing (Cough Drops/Throat Lozenges)
_____Allergic reactions, sinus (Benadryl, Claritin, Sinus, Cold Medications)
_____ Upset stomach (Tums, Pepto Bismol, Milk of Magnesia)
_____Skin rash, itching (Calamine Lotion, Antibiotic Ointment)

CONTAGTIOUS DISEASE
Children should be excluded from camp for the following:

- Any illness that prevents the child from participating comfortably in program activities. (This does not include controlled pre-existing conditions.)
- If a child is exhibiting the following symptoms: fever, lethargy, irritability, diarrhea, vomiting two or more times in the previous 24 hours, difficulty breathing and/or other manifestations of possible illness. (This does not include controlled pre-existing conditions.)
- If a child has had Mouth Sores, Rash, Pinkeye, Impetigo, Strep Throat, Head Lice, Scabies, Chicken Pox, Whooping Cough, Mumps, Measles, Hepatitis A, within the past ten days, a doctor's statement, stating that the child is no longer at risk of spreading their illness is required to be turned into the camp medical staff upon arrival.

HEALTH AND ACCIDENT INSURANCE INFORMATION:
Family Policy: Company Name: _____
Policy #: _____
My signature indicates that I have read this form, including the **4-H Code of Conduct policy attached to this form, and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy and determined by the South Dakota 4-H Program.

_____ _____
Parent/Guardian Signature Date Member Signature Date

MEDIA RELEASE

I hereby authorize South Dakota State University (SDSU) to photograph me and/or my property or use my submitted media, and authorize SDSU, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs and/or recordings in whole or part, or composite form made for art, advertising, trade or any other lawful purpose.

I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which is applied. I understand no payment or compensation will be provided to use my photographs and/or recordings.

I hereby release, discharge and agree to hold harmless SDSU from any liability by virtue of any use whatsoever, whether intentional or otherwise that may occur or be produced in taking of said picture, or in any processing needed to complete the finished product.

☐ I agree to the terms of the Media Release above and permit SDSU to use picture of this 4-H member for the purposes stated above.

☐ I DO NOT agree to the terms of the Media Release above the DO NOT permit SDSU to use pictures of this 4-H member for the purposes states above.

_____ _____

Parent/Guardian Signature Date Member Signature Date

MEDICAL RELEASE

I understand that first aid will be available at all 4-H activities and events and that 4-H members are supervised closely, and that if a serious illness or injury occurs, medical and/or hospital care will be given; however; the adult staff members and /or volunteer chaperones will not be held responsible for outcomes. I further understand that in cases of serious illness or injury, parents/guardians and/or emergency contacts will be notified. If it is impossible to make contact, I give permission for emergency medical treatment or surgery as recommended by the attending medical physician, I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

☐ By checking this box, I give permission for this 4-H member to receive emergency medical treatment or surgery, as recommended by an attending medical physician, if a serious illness or injury occurs during any 4-H activity or event.

My signature below indicated that I have read this Medical Release and agree to terms.

_____

Parent/Guardian Signature Date

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in 4-H activities, programs and events.
By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the state of South Dakota, its officers, employees, and agents for any liability for participants death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participant and his/her estate resulting from participating in 4-H activities, programs and events.

2. Agree to indemnify and hold harmless the state of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability or any other person arising from participation in 4-H activities, programs and events.

3. Consent to receive any medical treatment deemed advisable during participation in 4-H activities, programs and events.

☐ As the parent/guardian of this 4-H member, I have read this Release and Waiver of Liability, Assumption of the Risk and Indemnity Agreement and Consent to Medical Treatment, and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I understand that in case of serious injury or illness, efforts will be made to notify parents/guardians and/or emergency contact. In the event that parents/guardians and/or emergency contact cannot be contacted, I give permission for emergency treatment or surgery as recommended by the attending medical physician I understand that health and accident insurance is the responsibility of the 4-H member's family according to the 4-H policies and procedures of SDSU Extension.

_____ _____
Parent/Guardian Signature Date Member Signature Date

DEPARTURE POLICY

The parent/guardian (or the person they designate in writing) will pick up the camper on the last day of camp. Who will be picking up the 4-H camper at checkout time:

Print any person(s) name you might have pick up your youth:	**Phone number:**
_____	_____
_____	_____
_____	_____
_____	_____

4-H Summer Camp Dress Code

During your stay at the 4-H Summer Camp, we want you to have the best experience possible. The following dress code has been developed to assure that no one will feel offended or uncomfortable during his or her stay.

If you choose to dress inappropriately, you will be asked to change, or be required to wear a camp-issued shirt. By planning ahead and packing appropriately, you will save yourself the inconvenience of having to change and you will be contributing to a pleasant camp atmosphere.

Please be advised that the following dress code will be enforced for all individuals attending camp, including chaperones.

1. Clothing: All clothing shall be neat, clean, and acceptable in repair and appearance and shall be worn within the bounds of decency and good taste as appropriate for 4-H events.
2. Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex or are in any other way distracting, are prohibited.
3. Excessive accessories such as hanging chains and hanging suspenders are not allowed. This is for safety reasons.
4. Excessively baggy or tight clothing, and clothing which advertises gang symbols or affiliation is prohibited.
5. Items of clothing which expose bare midriffs, bare chests, undergarments, or that are transparent (see-through) are prohibited. Tank tops with straps wider then one inch are permitted. Please be advised that spaghetti straps, shirts which expose a bare back, halter tops, and tube tops are prohibited.
6. Swimming (For all water recreation):
   - Swim suits for men: swim trunks only (No shorts, cut-off pants, or Speedos).
   - Swimsuits for women: One-piece suits recommended, however, two-piece suits are allowed as long as they are modestly cut, you will be asked to wear a "swim shirt" over a two piece suit. No string, thong or crochet suits will be allowed. Swimsuits may only be worn while at the lake area.

Code of Conduct and Behavior Expectations

Must be attached to the 4-H Camper Information form when distributed to campers

The South Dakota 4-H Program expects youth members and participants to behave in an acceptable manner at all events and activities in accordance with the South Dakota 4-H Behavioral Expectations and the Code of Conduct Policy.

Behavioral Expectations: The South Dakota 4-H Program is designed to provide youth of all ages with a positive environment in which to learn and grow. It also provides opportunities for children and youth to build positive traits of character. The SD 4-H Program supports the CHARACTER COUNTS! program and the six pillars of character: Trustworthiness, Respect, Responsibility, Fairness, Caring and Citizenship. To assure that all youth have equal access to positive learning environments, SD 4-H members, staff, and volunteers agree to abide by these expectations of behavior:

- **I will be trustworthy.** I will be worthy of trust, honor, and confidence. I will be a good role model by doing the right thing at all times. I will be honest in all of my activities. I will be on time for all scheduled events and will attend all of the planned activities. If I am not feeling well or have a schedule conflict, I will inform my chaperone or a person in charge of the event before the activity starts. I will be in the assigned area (e.g., club meeting room, building, dorm, etc.) at all times. The South Dakota 4-H Program will not permit dishonesty such as lying or cheating.
- **I will be respectful.** I will show respect, courtesy, and consideration to everyone, including myself, other participants, and those in authority. I will act and speak respectfully. I will treat meeting rooms, lodging areas, personal property, and transportation vehicles with respect. I will follow all published dress code guidelines for the event and/or activity. I will respect the personal space and choices of other participants and will not participate in inappropriate displays of affection or physical contact. I will not use vulgar or abusive language, cause physical or emotional harm, or create a feeling of fear amongst other participants.
- **I will be responsible.** I will be responsible and accountable for my choices and my actions towards myself and other people. I will follow all rules and guidelines established for the activity or event. I will follow the verbal instructions issued by Extension staff, chaperones, and/or adult volunteers. I will abide by the established program curfew. I will be responsible for any damage, theft, or misconduct that I am involved in or cause.
- **I will be fair.** I will participate in events fairly by following the rules, not taking advantage of others, and not asking for special help or favors.
- **I will be caring.** I will be caring in my relationship with others. I will be kind and show compassion for others. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will include all participants in activities and will try to help everyone be involved in the scheduled activities.
- **I will be a good citizen.** I will be a contributing and law-abiding citizen. I will be respectful to the environment. I will not use illegal substances such as tobacco, alcohol, or drugs or be involved in the use or possession of weapons or fireworks. If I am found to have any of these items with me or if I have taken any illegal substances, notification of law enforcement will be conducted by adult staff/volunteers.

Code of Conduct Policy: If I do not abide by the items named in the Behavioral Expectations, I will experience the following consequences in the order listed:

1. The loss of rights and privileges at the event.
2. Being dismissed from the event or activity. Notification of my parents/guardians will occur and I will be sent home at my own expense prior to the conclusion of the activity.
3. The possible forfeiture of future participation in statewide and out-of-state events as well as forfeiture of future awards and premiums at the county level for a period of time up to one year. If this step is considered, input and determination will be made by event staff, county staff, state staff, and the parents/guardians of the involved 4-H member(s).