



Virginia Cooperative Extension  
Frederick County  
107 North Kent Street  
Winchester, Virginia 22601  
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email: [tepperso@vt.edu](mailto:tepperso@vt.edu)  
<http://offices.ext.vt.edu/frederick>

March 16, 2018

Dear Camper:

We are excited that you are interested in attending camp on July 1<sup>st</sup> - 5<sup>th</sup> at the Northern Virginia 4-H Educational Center in Front Royal. In order to attend camp as a camper, you must be ages 9-13 as of September 30, 2018. The cost of this year's camp is \$235.

Please read the materials in this package very carefully. Full and partial scholarships are available.

Please make sure all forms are filled out completely, especially the health form. The EMT is required by law to follow the original instructions on medicine packaging; therefore, all medications need to be in their original containers and clearly marked with the camper's name. If instructions on the medication form differ from what is on the packaging, these changes must be accompanied by a doctor's note!! Campers found to have medicine in their possession at camp will be brought before a disciplinary committee. Campers who use inhalers need to bring two with them to camp. The EMT will keep one, and the second one is kept with the child at all times. If only one inhaler is brought to camp, it must be turned into the EMT. Should your child become sick or injured while at camp, the 4-H Medical Staff will provide all necessary treatment. Should your child's condition worsen all attempts will be made to contact you regarding the situation. If we are not able to reach you, the 4-H Center Medical Staff or other designee will make every attempt to contact the person listed as your child's Emergency Contact. If your child needs medical attention at a hospital or doctor's office, every attempt will be made to contact you or your emergency contact.

There will not be any refunds after June 15<sup>th</sup>, unless there is a death in the family or a doctor's excuse is presented to the Frederick County Extension Office. Refund checks could take up to 60 to 90 days to process through the Virginia Tech Refund System. There will also be a \$50 charge for any returned checks. Camp applications arriving in the Frederick County Extension Office after June 15<sup>th</sup> will be assessed a \$5.00 late fee. If it is postmarked on June 15<sup>th</sup> there will be no late fee.

Lodges will be supervised by adults, and campers will be assigned to rooms with teen counselors to supervise them. Balanced meals will be served as well as two snacks each day. Campers may want to bring additional snacks and change to purchase drinks.

**Remember – ONE DAY REGISTRATION will take place on April 12<sup>th</sup>, 5:30 p.m. – 8:00 p.m. at the Frederick County Government Building, 107 North Kent Street in the Board of Supervisors Room. All forms must be filled out completely. We will not be accepting applications before the one day registration.**

Sincerely,

Tammy Epperson,

4-H Technician

If you are a person with a disability and desire assistance or accommodation, please notify Frederick County Extension Office at 540-665-5699 / TDD\* 800-828-1120 during business hours of 8:00 a.m. and 5:00 p.m."

**REGISTRATION FORM FOR CAMP**

**Camper Name:** \_\_\_\_\_ **Male:** \_\_\_\_ **Female** \_\_\_\_  
(PLEASE LIST NAME AS YOU WANT IT ON NAME TAG!)

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Age (as of 9/30/18):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parents E-mail:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

Where do you live (*check one*):

- Farm       Town 10,000 – 50,000       Suburbs >50,000       Cities >50,000

**Ethnicity (*check one*)**

- Hispanic or Latino       Not Hispanic or Latino

**Racial Groups (*check all that apply*)**

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Other Pacific Islander  
 White

**Circle One T-Shirt Size:**

- Youth Medium      Youth Large  
Adult Small      Adult Medium      Adult Large      Adult X-Large      Adult - XXL

**Name of preferred roommate, if any:** \_\_\_\_\_ , \_\_\_\_\_  
(Please limit to 2 names)

**Total Cost: (including classes)**      \$ 235.00

**Balance Due:**      \$ \_\_\_\_\_

***Please make your check payable to: Treasurer, Virginia Tech***

**APPLICATION IS TO BE FILLED OUT COMPLETELY!!! TOTAL FEE, REGISTRATION FORM, HEALTH HISTORY FORM, CODE OF CONDUCT, END OF CAMP PICK UP, MEDICAL FORM, DRESS CODE, AND CAMP CLASS REGISTRATION MUST ACCOMPANY THIS APPLICATION, IN ORDER TO BE PLACED ON THE CAMP ROSTER. APPLICATIONS ARRIVING AFTER JUNE 15<sup>TH</sup> WILL BE ASSESSED A \$5.00 LATE FEE. ANY RETURNED CHECKS WILL BE CHARGED \$50.**

"If you are a person with a disability and desire assistance or accommodation, please notify the Frederick County Extension Office at 540-665-5699 / TDD\* 800-828-1120 during business hours of 8:00 a.m. and 5:00 p.m."



**NORTHERN VIRGINIA 4-H EDUCATIONAL CENTER  
END OF CAMP PICK-UP -- PERMISSION SLIP**

Campers Name: \_\_\_\_\_

On Thursday, July 5<sup>th</sup> at 1:30 pm, please list below who will be picking up your son/daughter. The names below must match the name on their Drivers License. Individuals who are not listed below will not be allowed to leave camp property with your child.

**Name**

**Relationship to camper**

Name	Relationship to camper

Signature of Parent or Guardian confirming the individuals above:

\_\_\_\_\_

**End of Camp Check out**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

# NORTHERN VIRGINIA 4-H EDUCATIONAL CENTER

## Dress Code



In keeping with the Virginia 4-H Camp policies on modesty and sensitive issues, and in order to help ensure an emotionally safe, accepting and appropriate camp environment, the following dress code will be followed by all camp participants:

### Clothing Expectations:

- Bathing suits that are worn while at 4-H Camp must have appropriate coverage for boys and girls. Bikinis are **NOT** allowed. Inappropriate swimwear will need to be covered by a dark (not white) t-shirt or tank top.
- Tank top straps **MUST** be at least 2" in width (no spaghetti straps).
- Clothing must cover the body from shoulder to mid-thigh.
- Shorts should be modest, at least fingertip length when arms are by your sides.
- Undergarments should be worn and not visible. (No portion may be visible.) (Boys or Girls)
- Shoes and shirts must be worn at ALL TIMES at camp (except in the pool). This is for the safety of all participants. Closed-toe shoes are required for all recreational sports activities and some classes.

### Examples of Inappropriate Dress:

For clarification purposes, the following are some (but not all) examples of inappropriate dress:

- Shoes: bare feet, shoes with excessively high heels or platforms.
- Shirts: spaghetti straps, tube tops, bare midriffs, halter tops, and low neck lines.
- Shorts/Skirts/Pants: any covering that is shorter than fingertips when your arms are at your sides. Pants with holes in the crotch or seat.
- Any clothing or accessories that contain obscene or offensive words, pictures, or designs. References to alcohol, tobacco, drugs, gang, disruptive symbols, or sexually suggestive material, or anything else deemed inappropriate by the Extension Agent, Camp Director and/or Program Director.

I HAVE READ THE 4-H CAMP DRESS CODE AND AGREE TO FOLLOW THE LISTED RULES AND EXPECTATIONS OF PARTICIPATING IN 4-H CAMP THIS SUMMER. I KNOW THAT FAILURE TO FOLLOW THIS DRESS CODE MAY RESULT IN DISMISSAL FROM 4-H CAMP.

\_\_\_\_\_  
(Participant Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

## 2018 Frederick - Page Camp Classes Sign-up

Name: \_\_\_\_\_ Age as of 9/30/18: \_\_\_\_\_

Rank your top 10 choices (**#1 being your first choice**) and use each number only once. Campers will be assigned three classes with assignments made first come, first served based on registration order and available space. **Write the number of your ranking in the blank beside the class description.**

- \_\_\_ **Adventure:** Interested in exploration, adventure, discovery and “wow” moments. With nature as our classroom, we will spend time investigating Happy Creek, hiking on the Appalachian Trail and building habitats for wildlife.
- \_\_\_ **Air Rifle:** After a few days of instruction you might be 4-H Camp’s next “Top Shot”. This class is run under the instruction of a trained, qualified instructor while focusing on SAFETY, shooting and marksmanship skills. **Closed-toe shoes required.**
- \_\_\_ **Archery:** Learn basic archery skills in this class taught by a trained instructor. Class will have a strong emphasis on SAFETY and mastery. **Closed toe shoes required.**
- \_\_\_ **Blow Off STEAM:** Strength train your brain. This class is designed to test your problem solving skills. It’s a Blast.
- \_\_\_ **Bracelet Making:** Learn to make and create new designs of bracelets each day.
- \_\_\_ **Campfire Cooking:** Learn how to cook over a campfire. Then you can share your new favorites with friends and family on your next camping trip.
- \_\_\_ **Candy Making:** Learn how to create sweet treats. Taste testing will be a highlight of this class.
- \_\_\_ **Canoeing:** Learn some basic canoeing strokes, safety and have fun as you navigate the waters of Lake Culpeper!
- \_\_\_ **Climbing:** Participants will learn safety techniques, belaying skills, and knot tying while learning the basics of climbing. **Must be 12+ years old to register for this class. Closed-toe shoes required.**
- \_\_\_ **Crafts:** Are you someone who enjoys crafts of all kinds? Come join us to make various crafts during the week.
- \_\_\_ **Fishing:** This class will include angling skills, ethics and recycling. No experience necessary! All equipment provided.
- \_\_\_ **High Challenge Course:** Advance your skills through the challenging Eagle Walk, Postman’s Walk and Vine. Sail through over 100 feet of forest on the Zip Line This is two period class. **Must be 12+ years old to register for this class. Closed-toe shoes required.**
- \_\_\_ **Introduction to Digital Photography:** Learn basic photography techniques to take good photos. Crop and edit photos you take and use them to build the annual slide show featured at the camp closing ceremony!
- \_\_\_ **Leather Craft:** Hammer, stamp, stain and be creative! This highly active and creative crafts class lets campers use their imagination to develop skills and possibly a hobby to last a lifetime.
- \_\_\_ **Low Challenge Course:** Test your skills on the low challenge course. Learn to communicate and work together tackling the Great Wall, Wild Woozy and Nitro Crossing - just don’t get stuck in the Spider Web! **Closed toe shoes required.**
- \_\_\_ **Outdoor Living Skills:** Learn all about the skills it takes to thrive and survive in the outdoors. Pitching tents, hiking and creating your own water filtration systems are all things you will tackle in this class! Every brave person who takes the class and wishes too will get to spend a night out camping in the wild!
- \_\_\_ **Performing Arts:** Stage direction, scene design, prop, writers and directors...all can make or break a show! Come be who you want to be... literally!
- \_\_\_ **Rocketry:** Not quite to the moon, Learn the fundamentals of flight! Build & Launch your own rocket!
- \_\_\_ **Science Fair of Foods:** Learn about science while making some fun snacks. Lollipop Lab is one example.
- \_\_\_ **Sports: (2)** Participants will play different outdoor games. This is the class for those kids that love “different sports.”
- \_\_\_ **Swimming, Intermediate:** Class for campers who can swim, unaided, across the pool and feel comfortable in depths over four feet. This class covers more advanced strokes, using the diving board, and other fun water activities.
- \_\_\_ **Tie Dye:** Add color to your world with dyes. Learn various banding techniques to achieve spirals, twists, marbling, bullseyes, dips, and donuts. Participants must bring three white 100% cotton items to dye: socks, T-shirt, pillowcase, handkerchief, etc.



UNIT: \_\_\_\_\_

4-H YEAR: \_\_\_\_\_

## VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

### Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

### Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4 -H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4 -H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4 -H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Participants may only be picked up from a 4 -H program/event by the person designated on the 4 -H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4 -H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians . The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4 -H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

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11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4 -H sponsored program/event and must be reported to law enforcement. The Virginia 4 -H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4 -H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

### **Consequences**

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4 -H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4 -H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4 -H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4 -H program/event will provide appropriate communication to parents/guardians.

### **Signature(s)** (Both signatures are required for participants under 18 years old.)

*I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.*

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this 'Code of Conduct' may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4 -H program/event to pick up my child at the request of the adult in charge of the 4 -H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4 -H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.*

\_\_\_\_\_  
Parent/Guardian's Printed Name (for participant under 18 years old)

\_\_\_\_\_  
Parent/Guardian's Signature (for participant under 18 years old)

\_\_\_\_\_  
Date



**INSTRUCTIONS:** Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Location: \_\_\_\_\_

**PARTICIPANT IDENTIFICATION**

Name: \_\_\_\_\_ Female:  Male:   
Last First (Underline name by which you like to be called) Middle

Mailing address: \_\_\_\_\_ Participant cell phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home email: \_\_\_\_\_

Ethnicity (choose one): Hispanic/Latino  Not Hispanic/Latino

Race (choose all that apply): American Indian/Alaskan Native  Asian  Black/African American   
 Native Hawaiian/Other Pacific Islander  White

**PARENT / GUARDIAN IDENTIFICATION** (Place a check beside who to reach in the event of an emergency.)

First parent/guardian name: \_\_\_\_\_ First parent/guardian email: \_\_\_\_\_

First parent/guardian phone daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Second parent/guardian name: \_\_\_\_\_ Second parent/guardian email: \_\_\_\_\_

Second parent/guardian phone daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Who has primary custody of the participant? \_\_\_\_\_

Address, if different than child: \_\_\_\_\_

**PHYSICIAN / INSURANCE INFORMATION**

Family physician name: \_\_\_\_\_

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

Dentist/orthodontist name: \_\_\_\_\_

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

Do you carry family medical / hospital insurance?: Yes  No

Carrier: \_\_\_\_\_ (Check  one)

Policy ID #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Parts 1 and 2 should be completed)

1. Where can you be reached in the event of an emergency?

Location: \_\_\_\_\_

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

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

2. If you **Cannot** be reached, who should be notified?

Name: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Work phone: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_

(continued on back)

**4-H PARTICIPANT MEDIA RELEASE**

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

Yes  No



**PARTICIPANT HEALTH AND MEDICAL HISTORY**  
(Questions 1-5 must be completed.)

**1. SPECIAL DIETARY NEEDS**

*INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.*

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

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**2.** Has the participant ever experienced (or had special needs in) any of the following?  
[Check (✓) all that apply]

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Bleeding disorders   | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts             |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Bed Wetting          | <input type="checkbox"/> Behavior                   |
| <input type="checkbox"/> Fainting spells  | <input type="checkbox"/> Non-food allergies   | <input type="checkbox"/> Other: _____               |

Please describe any condition or need that you checked:

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**3.** Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

- YES  NO If YES, please explain: \_\_\_\_\_

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**4.** Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

- YES  NO If YES, please explain: \_\_\_\_\_

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**5.** What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

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**APPROVAL / EMERGENCY AUTHORIZATION**

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

1. I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
2. I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: \_\_\_\_\_

SIGNED: X \_\_\_\_\_  
(Parent / Legal Guardian or participant over 18 years old)

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

*I understand and agree to abide with any restrictions placed on my activities according to this form.*

YOUTH PRINTED NAME: \_\_\_\_\_

SIGNED: X \_\_\_\_\_  
(Participant under 18 years old)

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

**IMMUNIZATION HISTORY (This must be completed)**

Are your child's immunizations up to date?  YES  NO Date of most recent tetanus shot: (month/year) \_\_\_\_\_ / \_\_\_\_\_

**RELEASE AUTHORIZATION**

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4-H Event Medication Form

**INSTRUCTIONS:** Please complete this form for all medication(s) your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

**NOTE:** This form must accompany your child to the 4-H event only if he/she is taking any medication. Please read the following information related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

### Medication Policy

- 3 Youth under 18 years old will not be allowed to keep ANY medicines with them.
- 3 All medications submitted at the 4-H event registration must be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name printed on the bottle.
- 3 Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, will not be accepted.
- 3 Actual dosage listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications.

**THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

**I have read and understand the above policy.**

**Parent/Guardian initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Member's Name: \_\_\_\_\_

Parent/Guardian Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Medication Name (include any special instructions)	As Needed	Break-fast	Lunch	Dinner	Bedtime

**FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.**

### Medication Release

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Produced by Communications and Marketing, College of Agriculture and Life Sciences,  
Virginia Polytechnic Institute and State University

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VIRGINIA STATE UNIVERSITY