



The 2019 Adams, Brown, Lawrence, and Meigs 4-H Beginner Camp will be held May 31 – June 3 at the Canter’s Cave 4-H Camp in Jackson, OH. Our theme this year is “4-H Camp is Fun & Games”. This camp is open to youth completing 3rd, 4th<sup>h</sup>, and 5<sup>th</sup> grade in the 2018-2019 school year; youth do not have to be in 4-H to attend. Please contact your local Extension Office for more information.

Please read ALL of the information included in this camp letter and return all forms to your county 4-H Professional by your county deadlines.

### **Camp Registration**

**Friday, May 31st 2:00p.m.-3:00p.m.**

#### **Main Lodge**

All campers should arrive during the designated registration times. There will be no early registration or supervision for campers brought to camp early.

Campers wishing to room with friends should plan to arrive at camp together. Campers can NOT sign other campers into their cabins.

**Late Campers:** Please let your 4-H Professional know if a camper is going to be late and the approximate arrival time. You can also notify Rachael Fraley at 740-533-4322 prior to camp or the day of camp at 740-286-4058 (where you may get an answering machine). Please keep in mind a camper arriving late will be housed in available space, but not necessarily with their friends.

### **Camp Departure**

**June 3rd, 9:30a.m.**

#### **Main Lodge**

Parents may pick up campers by signing them out at the main lodge after 9:30a.m. All campers need to be picked up no later than 10:00a.m. Please note: For the safety of our campers, they must be signed out to a parent or another adult with written permission. Once at camp, campers are expected to remain at camp unless signed out by a parent or designated person with written permission. Restricted release forms are available upon request.

### **Health Concerns**

Please help us keep our camp safe and the camp experience enjoyable for all.

**Prior to Camp:** All health forms should be turned into your home county during the pre-registration process. Please indicate any special dietary needs or other special accommodations on these forms so that the Camp Director and Nurse can be notified in advance.

**Arrival at Camp:** Each camper will see the Camp Nurse. Please discuss any special health concerns with the Nurse, and make sure your campers are prepared to follow the necessary health care they may need. ALL medications must be in original containers and given to the Nurse at check-in. **Please only send enough medication for the duration of camp.** Campers, counselors and staff will have their temperature checked upon arrival. Anyone found to have a temperature will be rechecked by the Camp Nurse. It is at the Nurse’s discretion if they are allowed to remain at camp. If sent home, they may return to camp if their temperature returns to normal for 24 hours. There may also be a head lice check. Persons found to have lice will not be permitted to remain at camp.

**During Camp:** We have a Nurse who will be onsite throughout camp. The Nurse will administer medications and handle any issues that may arise, including contacting you if there are any questions.

### Canteen

**The Canteen** is our camp store. It will be open during registration and checkout for parent's convenience. Camp t-shirts are \$10. (Please label it with your child's name if you are leaving it at camp with them.) Snacks and drinks are also available during the week from the canteen. \$10-15 should be more than enough to cover any needs or wants your child may have at camp. There is a Camp Bank for Beginner Camp. Your child may deposit money in the bank and take it out during designated times. *Camp is not responsible for lost or stolen money or for camp apparel found with no name.*

### What to Bring

**For Sleeping:** A sleeping bag, or two or three blankets (nights are cool), twin sheet and a pillow.

**Personal items:** soap, toothpaste, tooth brush, brush/comb, shampoo, bath towels, shower shoes, deodorant, bug spray, sunscreen, beach towel.

**Clothing:** Bring everyday comfortable outdoor clothes. Please do not send clothes that can't get dirty. Two pairs of comfortable shoes, socks, underwear, swimsuit, sweatshirt/jacket etc. for cool evenings.

- At least one pair of shoes should be tennis shoes. Sometimes shoes get wet. Please be sure your child has more than one pair of shoes. *Flip flops are NOT appropriate for outdoor activities because of safety.*
- One-piece swim suits are preferred for girls; however, two piece suits are acceptable as long as modesty of the wearer is observed. No string bikinis or suits that fasten only with a tie will be allowed. (If the Camp Director deems a suit to be unacceptable, a T-shirt will be required for swimming, per camp policy.)

**Misc items:** small flash light, disposable/inexpensive camera, water bottle, dirty clothes bag, rain gear, radio/mp3 player, book, watch.

### What NOT to Bring

NO tobacco products, alcoholic beverages, knives or firearms, refrigerators, computer equipment, i-pods, cell phones, tablets, Wi-Fi/Internet capable devices, fireworks, or lighters may be brought to camp. Please refer to the Informed Consent/Camp Program Release and Standards of Behavior for Minor Participants for more information on what not to bring and policies for non-compliance.

**Due to allergies:** this is a peanut and Bath and Body Works free camp. Other items may be added to the list based on results of health forms.

### Strongly Discouraged Items

Lots of extra food in the cabins (This invites furry friends and critters to visit.), anything of high value.

*Camp is not responsible for lost or damaged personal belongings. Please label your camper's personal belongings.*

- It is also recommended you and your child pack for camp together. This helps them know what they brought to camp and also what they should come home with.

### In Case of Emergency

You may call camp at 740-286-4058 and ask for Rachael Fraley or Kristy Watters, Camp Program Directors. Prior to camp, please feel free to contact your local Extension Office with questions or contact Rachael Fraley, 740-533-4322.



Sincerely,

*Rachael Fraley*

Rachael Fraley  
Extension Educator, 4-H Youth Development  
Lawrence County

*Kristy Watters*

Kristy Watters  
Extension Educator, 4-H Youth Development  
Adams County

**\*\*Please remember that by registering for camp, the camper is agreeing to follow all camp policies and guidelines.**

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

## 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:

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: _____	Other Cell Phone: _____
Other Contact: _____	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

## **Prohibited Items**

Ohio 4-H places priority on taking necessary and reasonable actions to safeguard the overall safety and well-being of all program participants. Prohibited items that are never allowed at any Ohio 4-H program where minor participants are present include alcohol, tobacco products in any form, illegal drugs, pornography, discriminatory iconography and/or messaging, and weapons not included in an approved 4-H shooting sports program.

Additionally, youth participants (campers and counselors) may not possess cell phones or other internet-enabled devices during 4-H camp. Camp Program Directors will determine consequences for possessing a cell phone. The State 4-H Office recommends a zero tolerance approach: If an individual is found with a prohibited item, they will be sent home at the family's expense. Information on Ohio 4-H's Search and Seizure policy can be found at <http://4hcanterscave.osu.edu>.

By registering for this activity, the camper is agreeing to follow all Camp policies.

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Standards of Behavior for Minor Participants Participating in
Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to
conduct themselves according to the following standards of behavior. These standards operate in conjunction with
the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
• Support and abide by the group’s designated leader
• Practice good citizenship, leadership and self-control
• Follow the direction of activity or program staff and/or leaders
• Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
• Show respect to others, be courteous and respectful
• Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor
participants:

- Unsportsmanlike conduct, unethical, immoral conduct
• Improper language, e.g., profanity
• Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
• Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
• Boys in girls’ rooms/restrooms and vice versa
• Destruction of property
• Violation of established curfew, when applicable
• Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
• Belittling others/putting others down and being disrespectful of individuals’ differences
• Aggressive physical behavior, e.g., fighting
• Taking property that belongs to others
• Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor
from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, \_\_\_\_\_, as a participant in an activity or program with minor participants, \_\_\_\_\_,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my
actions if I choose not to follow the standards of behavior.

Minor signature

Date

I, we \_\_\_\_\_ have read the standards of behavior and support my minor’s participation in the
(parent/guardian, print)
activity/program.

Parent/guardian signature

Date

## The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

