Dear Parent:

Congratulations! You have just signed your child up for one of the most exciting summer adventures ever! The 2013 4-H Camp is packed full of fun activities, games, good times and more. I know your child will have a wonderful time!

In order to make this camp the best one yet, there are a few things that must be done first. Please read this letter carefully. If you have any questions, please feel free to contact me, Crystal Pipkin, at 635-9551.

We will leave for camp on Monday, June 10th at 7a.m. We ask that campers arrive at the UT Extension Office no later than 6:15 a.m. All students that did not attend the planning meeting must first go through a head lice check by our Coordinated Health Professional, Mrs. Michelle Brazier.

We will return from camp on Friday, June 14th at 12:30p.m. Please be ready to pick up your child, or please have a ride arranged for your child that has been pre-approved for the Agent to release your child to.

I have enclosed a letter with the information on the Camper/Parent meeting. I strongly encourage everyone to attend! This meeting is designed to provide you with all the information that you want to know, but forgot to ask! We will also have a health care professional present to do a pre-camp head lice check. The head lice check is a state-wide policy, strictly enforced by University of Tennessee Extension. If a camper has head lice on the day of departure, that child will NOT be able to attend camp. Please do not let this happen to your child!!! We also have a NO REFUND policy for campers that are unable to attend!

In order to attend camp, there are a few mandatory things required. Enclosed are copies of the 4-H Activity/Event Acceptance Form (F600 A) and a Medication Form (Supplement A). Please be sure to complete both of these forms. I cannot allow a child to attend camp without these forms, so PLEASE do not forget them (I must also have a front and back copy of your insurance card and a photo ID of child)! These forms are due to me no later than May 30th, which is the day of the Camp Planning Meeting for Parents.

The Ridley 4-H Center has a registered nurse on staff. She will be responsible for administering medicine to campers, should they take medicine. If your child takes behavior modification medication, or any other type of medication, please indicate this on the insurance form. This medicine will be given to our camp nurse, and be kept in a locked cabinet until it is time for it to be given.
It is required that all medicine be clearly labeled, in its original container, and marked with the child’s name and proper dosage and schedule. Also, it is strongly recommended that behavior modification medicine be continued during 4-H Camp week.

On a lighter note, while kids are away at camp, they oftentimes enjoy getting mail from home. You may write to your child or send a care packet during their week at camp. Mail needs to be sent to:

Your Child’s Name  
Lauderdale County  
W.P. Ridley 4-H Center  
850 Lion Parkway  
Columbia, TN 38401

In your camp packet, you should have also received a list of items your child needs at camp. Please make sure luggage and other personal items are clearly labeled. While allowed, we highly recommend that expensive items such as game boys and DVD players are left at home. UT Extension is not responsible for any items lost or damaged during camp week. Cell phones are NOT allowed at 4-H Camp! This is camp policy and all cell phones will be taken up and returned on Friday if your child is caught with one. Camp Staff, Agents and Leaders will have a phone or direct access to a phone, should your child need one.

It is a good idea to send your child to camp with some spending money. The Ridley 4-H Center has a souvenir shop and a Craft House, as well as a “Snack Shack”. Campers can purchase tickets to pay for the snacks and craft items they may want. I would like to recommend sending your child to camp with $40 - $50. Some campers will bring more, and some will bring less, but this range seems to be a good one for most.

Many exciting activities have been planned for our week of camp. I know we will have a GREAT time!! I am also available should you have any questions. Again, I thank you for providing your child with an opportunity for fun in the sun this summer!

See you soon,

Crystal Pipkin  
Extension Agent  
Lauderdale County

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Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development, University of Tennessee Institute of Agriculture and county governments cooperating. UT Extension provides equal opportunities in programs and employment.
4-H Camp Meeting

For Campers & Parents

Thursday, May 30th
Lauderdale County UT Extension Office
200 Crain Street, Ripley
6:00 p.m. - 7:00 p.m.
Office # 635-9551

*Campers that attend can do a pre-camp head lice check on this day.

Hosted by:
Crystal Pipkin
&
Rachel Howell
Things You Need at Camp

Small Photo With Registration Packet
Sleeping Bag/Bed Linens (twin size)
Pillow
Towels/Wash Cloths
Toiletries (soap, shampoo, toothpaste, etc.)
Sun Screen
Tennis Shoes & Flip Flops
Old Shoes or Water Shoes for Creek Stomping (optional)
At Least 5 Changes of Clothes for the Week
Bathing Suit (proper swimming attire - no cut-off shorts)
Towel for Pool
One Pair of Long Pants
Jacket
Garbage Bag for Dirty Clothes
Camera, Flashlight, Alarm Clock/Radio (optional)

And Don't Forget...
A GREAT ATTITUDE
and
A DESIRE TO HAVE
FUN!!!
Ridley 4-H Center
Concession Prices

Tickets are $1.25

T-Shirt Shop
- Shirts are $7.50 (6 tickets)
  (Campers are not allowed to bring items from home to paint in t-shirt shop)

Canteen
- Food Items range from $1.25 to $2.50 (1 to 2 tickets)
  Items include: Candy, Ice Cream, Chips, Soft Drinks, ICEE, Bottled Water, Gatorade, Fresh Fruit, Popcorn and Granola Bars
- Novelty & Souvenir Shop Items
  Caps - 6 tickets
  T-shirts - 8 tickets
  Stuffed Animals - 4 tickets
  Cameras - 8 tickets
  Post Card with Stamp - 1 ticket

Crafts
- Range in price from $1.25 to $6.25 (1 to 5 tickets)
  Leather Keychains and Bracelets - 3 tickets
  Sipper Cups and Bottles - 2 tickets
  Large Wooden Toys - 4 tickets
  Small Wooden toys - 2 tickets
  Router Boards - 4 tickets
  Wooden Door Knob Hangers - 1 ticket
  Wooden Bird Houses - 5 tickets
Activity and Event Acceptance Form

Please print

Name ________________________________
(Last) ________________________________ (First) ________________________________ (M.) ________________

County ________________________________

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

Activity and Event Acceptance Form for ________________________________ (event or activity)

A. Identification of Participant

Date of Birth ________________________________ Age ________ Sex: ☐ Male ☐ Female

Parent or Guardian ________________________________

Home Address ________________________________
(Street/P.O. Box) ________________________________ (City) ________________________________ (State) ________ (Zip) ________

Cell Phone ( ) ________________________________ Daytime Phone ( ) ________________________________ Nighttime Phone ( ) ________________________________ Phone ( )

Work Place Address ________________________________
(Address/City/State/Zip)

Other Emergency Contact (if appropriate) ________________________________
(Name) ________________________________
(Address/City/State/Zip) ________________________________ (Phone, if different than above)

B. Code of Conduct

This 4-H activity or event is planned, conducted and supervised by UT Extension. All participants are responsible for their conduct to UT Extension personnel and/or 4-H volunteers supervising the activity or event.

Specific guidelines for conduct include:

A. Participants shall be in their rooms and quiet at the time determined by UT Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT Extension personnel or adult 4-H volunteers.

B. Participants shall participate fully in all programs outlined for the activity or event.

C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.

D. Participants’ conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.
D. Health History and Medical Record for  

(Name of Participant)  

The information on this form will not be used to discriminate against a child on the basis of any disability.  

Name of Family Physician  

Family Medical/Hospital  

Phone (  )  

(Carrier)  

(Policy or Group #)  

Attach a front and back copy of your insurance card below:  

--- Insurance Card (front)  

--- Insurance Card (back)  

--- Check all that apply  

--- Is participant allergic to the following drugs?:  

- Penicillin  
- Sulfa Drug  
- Tetracycline  
- Aspirin  
- Allergy to a medicine, food, plant, or insect toxin. (Explain)  

--- Asthma  
--- Heart Trouble  
--- Nose Bleeds  
--- Diabetes  
--- Convulsions  
--- Fainting Spells  
--- Any condition that may require special care, diet or restriction of activities for medical reasons. (Explain)  

Does participant wear:  

- Dentures  
- Contact Lens  
- Other (Explain)  

--- Is any medication, including behavior modification medication, being taken at the present time?  

Yes No  

If yes, explain  

--- Date of most recent medical examination:  

--- Are you aware of any current health problems?  

Yes No  

If yes, explain  

--- Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)  

| Serious Injury/Illness | No | Yes | Year | Appendicitis | No | Yes | Year | Kidney Infection | No | Yes | Year | Back, Joints, Limbs | No | Yes | Year | Blood | No | Yes | Year | Stomach | No | Yes | Year | 
|------------------------|----|-----|------|-------------|----|-----|------|----------------|----|-----|------|-----------------|----|-----|------|--------|----|-----|------|--------|----|-----|------|--------|----|-----|------|--------|----|-----|------|--------|----|-----|------|--------|
E. Health and Safety Investigations

Onsite authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (eye irritation)
- Benadryl® or generic equivalent (rash or bee sting)
- Calamine lotion/Caladryl® or generic equivalent (sunburn or poison oak/ivy)
- Emetrol® or generic equivalent (nausea)
- Hydrocortisone ointment or other equivalent (insect bites)
- Ibuprofen (pain)
- Imodium AD® or generic equivalent (diarrhea)
- Isodettes® spray or generic equivalent (sore throat)
- Lanacane® spray, Solarcaine® or aloe vera gel (sunburn)
- Milk of Magnesia®, Mylanta®, or generic equivalent (antacid)
- Neosporin® or generic equivalent (topical treatment for cuts)
- Pepto Bismol® or generic equivalent (upset stomach)
- Robitussin® or generic equivalent (nasal congestion/coughing)
- Swimmer's ear solution (earache)
- Tylenol® or generic equivalent (pain)
- Tylenol® cold tablets or generic equivalent (congestion)

G. Administration of Medication

- Check here if your child, _______________________, will have the following medications and is competent to self-administer them under appropriate supervision. Medications should be sent to the event or activity in the original pharmacy container and include the following information:

  Name of child
  Name of medication
  Dosage and directions
  Name of licensed prescriber (if applicable)
  Name, address and phone number of pharmacy (if applicable)
  Prescription number (if applicable)
  Date prescription was filled (if applicable)

You must attach a photo if you are bringing medication.
H. Emergency Medical Release

In consideration of ___________________________ ‘s (participant’s name) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to ___________________________ (participant’s name), I hereby authorize University of Tennessee and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee and its representative(s) or agent(s) to provide the medical history form to healthcare personnel. I authorize any physician, healthcare provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photostatic copy thereof is equally valid as an authorization.

I recognize that the event’s sickness and accident insurance does not provide full coverage for participants in this activity or event. I accept responsibility for payments of those medical costs incurred for injuries or illnesses that are not covered by the University of Tennessee’s insurance.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

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<th>Parent’s Initials</th>
<th>Participant’s Initials</th>
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* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed ___________________________ Date ___________________________ (Month/Day/Year)
(Parent or Guardian Signature)

Signed ___________________________ Date ___________________________ (Month/Day/Year)
(Participant’s Signature)

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Supplement A: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Centers

(Your Name), parent or guardian of ____________________________

verifies that my child is competent to self-administer the following medication(s):

Name of Medication: ____________________________ Expiration Date: ____________________________

Prescribing Doctor: ____________________________ Doctor's Phone: ____________________________
Dosage Directions (as prescribed by the physician, including time of day, amount, frequency, and duration):

________________________________________

Reason for Medication:

________________________________________

Possible Side Effects (if known):

________________________________________

Name of Medication: ____________________________ Expiration Date: ____________________________

Prescribing Doctor: ____________________________ Doctor's Phone: ____________________________
Dosage Directions (as prescribed by the physician, including time of day, amount, frequency, and duration):

________________________________________

Reason for Medication:

________________________________________

Possible Side Effects (if known):

________________________________________

Parent or Guardian Signature ____________________________ Date ____________________________

Home Phone ____________________________ Work Phone ____________________________