To: Howard County 4-H Camp Parents/ Guardians
From: Chris Rein, 4-H Youth Development
Date: April 27, 2015
Subject: Parent Notification

This Parent Notification is to verify to you that upon illness of or injury to your camper at the Western Maryland 4-H Center during the Howard County 4-H Camp, you will be notified immediately if at all possible, by the camp Registered Nurse or 4-H Extension Staff. The Nurse and Staff will alert you of the situation, explaining what care has been given to your child, inform you of the location of your child and answer questions as appropriate.

In a situation where you cannot be reached at first, the alternate contact person(s) whose contact information has been provided by you will be notified. Please inform the person(s) you have listed that their names have been used as a contact, in case there is a need to call. In addition to the alternate’s numbers, if you are planning to go away during the time your camper will be with the Howard County 4-H Camp, please, if at all possible, include a contact number where you may be reached.

In the event your child has to be transported to the hospital (Garrett County Memorial Hospital, or other appropriate medical facility in Oakland, Maryland), the health form you completed has given authorization and a release for medical personnel to provide health care as noted within the form. After the doctor has examined your child and has diagnosed the situation, the staff will be in contact with you. The hospital also may call to verify or receive more information needed regarding your insurance coverage or about your child.

If the treatment of your child requires prescription medication, the 4-H Extension Staff will obtain and purchase the medicine with your verbal approval if we can get in touch with you. If we cannot get in touch with you and the situation requires the medicine immediately we will obtain and administer the medicine according to the Doctors orders. You will need to reimburse the 4-H program for the prescription.

All documentation of treatment received from the hospital will be forwarded to you as soon as possible.

By signing this form, you are authorizing the 4-H Extension Staff to purchase, on your behalf, required prescription medication to treat your child’s health condition.

Camper’s Name: ________________________________________________________________

Signature: ___________________________ Date: ___________________________