



## CECIL COUNTY 4-H CAMP COUNSELOR REGISTRATION CHECK LIST

*Make sure you enclose all of the following paperwork in your envelope before mailing:*

- Camp Counselor Application
- Check for Payment; Check Made Payable to Cecil County 4-H Camp
- Camp Liability Release & Informed Consent Form
- Camp Health & Medication Form
- Camp Sunscreen Authorization Form
- Camp Movie, Insect Repellent & Face Paint Authorization Form
- Signed 4-H Code of Conduct
- Publicity Release
- Camp Travel Preference Form
- Permission for Travel To/From 4-H Event Form

Mail packet to: Cecil County 4-H Camp  
PO Box 939  
Elkton, MD 21922

Drop off packet to: University of Maryland Extension  
200 Chesapeake Blvd, Suite 1500  
Elkton, MD 21921





**2019 CECIL COUNTY 4-H CAMP STAFF ENROLLMENT  
APPLICATION**  
August 3-10 at "The Rocks", Harford County



**USE ONE FORM PER PERSON - PLEASE PRINT CLEARLY - PLEASE READ ALL INFORMATION CAREFULLY**  
**DEADLINE: June 1, 2019**

T-SHIRT SIZE (PLEASE CIRCLE)    YS    YM    YL    AS    AM    AL    AXL

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Parent(s)/Guardian(s) Work/Daytime Phone:(\_\_\_\_)\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: (Month/Day/Year) \_\_\_\_\_ Gender: \_\_\_\_\_

Youth Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**THIS SECTION FOR OFFICE USE ONLY**

Application \_\_\_\_\_

Date Received \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Check Number \_\_\_\_\_

**CAMP STAFF REGISTRATION FEE INFORMATION**

**Camp Fee is \$25.00 per person if submitted by June 1<sup>st</sup>, 2019**

**Camp Fee is \$100.00 per person if submitted after June 1<sup>st</sup> 2019**

Make check or money order payable to: Cecil County 4-H Camp

Mail form and full payment

To: Cecil County 4-H Camp

P.O. Box 939

Elkton MD 21922

Or Drop off by

University of Maryland Extension, Cecil County

200 Chesapeake Blvd., Suite 1500

Elkton, MD 21921

Have questions? Call Camp Director, Susan Sprout Knight at 443-553-0542 or email: [cecilco4hcamp@gmail.com](mailto:cecilco4hcamp@gmail.com)

Dismissal from camp for reasons of health or conduct that is not in the best interest of the individual and/or camp, is at the discretion of the Camp Director. Any refund based on such dismissal will be voluntary on the part of the University of Maryland Extension Cecil County 4-H Program.

"The University of Maryland is an Equal Opportunity Employer and Equal Access Programs"

If you need special assistance to participate, please contact the University of University of Extension, Cecil County at 410-996-5280 by May 15, 2019.





## LIABILITY RELEASE AND INFORMED CONSENT AGREEMENT

EVENT NAME: \_\_\_\_\_

EVENT DATE(S) & LOCATION: \_\_\_\_\_

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
  - Participating in activities associated with this Event.
  - Contact with animals that may be associated with this Event.
  - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
  - Residing in a hotel/dormitory or other housing with adults of the same gender.
  - Use of lodging facilities pool, exercise, and/or other recreational facilities.
  - Fire and/or weather-related events.
  - Terrorism attacks while participating or traveling to and from Event activities.
  - Proximity to Deer Creek
  - Proximity to steep terrain at outer limits of the camp
  - Possible exposure to wild animals
  - Injuries from nature such as bee stings, mosquito bites, snake bites
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.

OVER



5. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS I/MY CHILD CANNOT PARTICIPATE.

4-H Youth  
 Adult  
Participant's Status

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

\_\_\_\_\_  
Participant's Signature

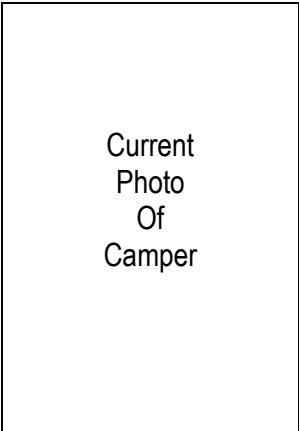
\_\_\_\_\_  
\*Printed Name of Parent/Guardian

\_\_\_\_\_  
\*Parent/Guardian's Signature

\_\_\_\_\_  
Date

***\*PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***

# MARYLAND 4-H CAMPS HEALTH FORM



Camper's Name: \_\_\_\_\_  
Last First MI Nickname

Gender \_\_\_\_\_ Age at Camp Arrival: \_\_\_\_\_ Dates will attend Camp: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ to \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Home Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State ZIP County

School Attended: \_\_\_\_\_  
 County: \_\_\_\_\_  Private  Public  Other \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address City State ZIP

**PARENT/GUARDIAN To be Notified in case of Injury or Illness:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred #1 \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phones: #2 \_\_\_\_\_  
Indicate mobile (M), home (H), work (W)

Home Address: \_\_\_\_\_  
if different from camper Street Address City State ZIP

**SECOND PARENT/GUARDIAN Or other Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred #1 \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phones: #2 \_\_\_\_\_  
Indicate mobile (M), home (H), work (W)

**ADDITIONAL CONTACT in event parent(s)/guardian(s) cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Preferred #1 \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phones: #2 \_\_\_\_\_  
Indicate mobile (M), home (H), work (W)

**HEALTH CARE PROVIDER CONTACTS**

	<b>Name:</b>	<b>Phone:</b>
<b>Primary Care Physician:</b>	_____	_____
<b>Dentist:</b>	_____	_____
<b>Orthodontist:</b>	_____	_____
<b>Other Provider (Specify):</b>	_____	_____

**HEALTH INSURANCE:** Is camper covered by health/medical insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Policyholder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Attach photocopy of insurance card; be sure to copy both sides of card so information is readable

<b>CAMPER HEALTH SUMMARY</b> <small>(Camp Use - See additional pages for detailed health history)</small>	
<input type="checkbox"/> Camper has mild/moderate allergies <input type="checkbox"/> Camper has <b>severe</b> allergies that require immediate medical attention: _____ <input type="checkbox"/> Camper carries an Epi-pen, inhaler, or other emergency device: _____	<input type="checkbox"/> Camper takes daily medication <input type="checkbox"/> Camper has dietary needs or restrictions <input type="checkbox"/> Camper has physical limitations or disability <input type="checkbox"/> Camper has personal issues/needs: _____

Camper's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**IMMUNIZATION CERTIFICATION:** State in which camper resides/attends school: \_\_\_\_\_  
 Date of last Tetanus immunization: \_\_\_\_\_ Is camper exempt from any immunizations?  Yes  No  
 List: \_\_\_\_\_

I certify my child has received and is up-to-date on all immunizations required for school attendance in the state where s/he lives/attends. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**GENERAL HEALTH HISTORY:** Check "Yes" or "No" for each statement. Explain "yes" answers in space below.

**Has/does the camper:**

- |  |  |  |  |
|--|--|--|--|
| 1. Ever been hospitalized?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had fainting or dizziness                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have a recurrent/chronic illness?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis (mono) in the last month?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. If female, had problems with period/menstruation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have problems with falling asleep or sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had a recent head injury or concussion?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had back/joint problems?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had asthma/wheezing/shortness of breath?              | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have a history of bedwetting?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have diabetes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have problems with diarrhea or constipation?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had seizures?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have any skin problems?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Had headaches?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Wear contact lenses, glasses, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have any other condition or issue not listed?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain "yes" answers in the space below, noting the question number. For travel outside the country, list countries visited and dates of travel.

**ALLERGIES:**  No known allergies  Allergic to: Foods Medicines Environment Other  
 (Circle all that apply & describe below. Attach additional pages if necessary)

What is camper allergic to? (Specific) \_\_\_\_\_ What is the typical reaction seen? \_\_\_\_\_ What is treatment is needed? \_\_\_\_\_

**DIET/NUTRITION:**  Eats regular diet  Lactose intolerant  Other (Please explain below)  
 Eats regular vegetarian diet  Glucose intolerant

Notes about camper's diet/nutrition:

**MENTAL, EMOTIONAL, AND SOCIAL HEALTH:** Check "yes" or "no" for each statement.

Has the camper:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. In the past 12 months, seen a professional to address mental/emotional health concerns?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Had a significant life event that continues to affect the camper's life?<br>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is this the camper's first time away from home/family for an overnight event?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please explain "yes" answers in the space below, noting the number of the question. Attach additional pages if needed. The camp may contact you for additional information.



# ✿ CAMPER HEALTH HISTORY & AUTHORIZATION

Camper's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## ADDITIONAL INFORMATION:

Please provide any additional information about the camper's health or well-being you think may be important for staff to know or that may affect the camper's ability to fully participate in the camp program. Attach additional pages if needed.

## RESTRICTIONS:

- I have reviewed the program and activities of the camp and feel the Camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the Camper can participate with the following restrictions or adaptations (please describe):

## AUTHORIZATION FOR PARTICIPATION, TREATMENT, AND RELEASE OF LIABILITY

I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains. I hereby give permission for medical personnel selected by University of Maryland Extension (UME) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by UME to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named above to participate in all program activities except as specified herein. This completed form may be copied for trips out of camp and/or away from the program site. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the State of Maryland, University of Maryland, and University of Maryland Extension and/or their officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

Signature of Parent/Guardian: \_\_\_\_\_

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

Relationship to Camper: \_\_\_\_\_

Signature of Adult Camp Participant: \_\_\_\_\_  
*(over 18 years of age)*

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

Camper's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. Campers who will take daily medications, vitamins, supplements, etc. while attending this 4-H Camping Program must complete the Medication Administration Authorization Form, which must be signed by **BOTH** the Camper's Parent/Guardian and the prescribing Physician. Campers who will take daily medications must bring their own supply of prescription or non-prescription medications, and the supply must be provided by an adult to the Camp Staff upon arrival. See the Medication Administration Authorization Form for further details and instructions.

**Check the applicable statement below:**

- Camper **WILL NOT** bring/take daily medication(s), vitamins, or supplements while attending camp.
- Camper **WILL** bring/take daily medication(s), vitamins, or supplements while attending camp.\*

**\*Medication Administration Authorization Form is required**

**CAMP HEALTH CENTER MEDICATIONS & REMEDIES**

The Camp will stock certain non-prescription medications and remedies in the Camp Health Center that may be used on a **one-time or limited as-needed basis** to manage minor illness and injury. Dosages of these medications and remedies will be administered according to directions on the label unless the Camper's Parent/Guardian provides written direction provided for alternate dosage or use. Check the boxes below to select which medications/remedies from the Camp Health Center you authorize the Camp Staff to administer to your Camper, according to general labeling instructions. Note any alternate use/dosage directions in the comments below, specifying **EXACTLY** which medication/remedy may be used other than as directed, and how it may be used for your Camper.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol)              | <input type="checkbox"/> Antihistamine/allergy medicine                                 | <input type="checkbox"/> Aspirin                         |
| <input type="checkbox"/> Ibuprofen (i.e. Motrin, Advil)            | <input type="checkbox"/> Pseudoephedrine decongestant (i.e. Sudafed)                    | <input type="checkbox"/> Antibiotic cream                |
| <input type="checkbox"/> Naproxen/NSAID (i.e. Aleve)               | <input type="checkbox"/> Sore throat spray  | <input type="checkbox"/> Insect repellent/Bug Spray      |
| <input type="checkbox"/> Immodium/Kao Pectate (for diarrhea)       | <input type="checkbox"/> Cough drops  | <input type="checkbox"/> Aloe gel or cream (for sunburn) |
| <input type="checkbox"/> Laxative (for constipation – i.e. Ex-Lax) | <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (i.e. Benadryl) | <input type="checkbox"/> Calamine Lotion                 |

**Comments:**

**I give permission for UME-designated Camp Health Supervisor/Monitor to administer the medications and remedies listed above. I understand the medications/remedies maintained at the Camp Health Center are only for one-time or limited-time use, and will not be provided to my Camper on a long-term or continuing basis. I understand the medications/remedies will be administered according to label directions unless I specifically directed otherwise in the "Comments" section above.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

## MEDICATION ADMINISTRATION AUTHORIZATION FORM MARYLAND 4-H CAMPS

This form must be FULLY completed and signed by both the Camper's Parent/Guardian and Physician for Camp Staff members to administer the required medication, or for the Camper to self-administer medication. A new Medication Administration Authorization Form must be completed at the beginning of each camp season, or any time there is a change in dosage, use, or administration of a medication. Unless updated sooner, this form is valid for one year from the date of Physician's signature. All medications or substances authorized by this form must be handled as follows:

- **Prescription medications** must be in original pharmacy container, labeled with the Camper's name, name of medication, dosage, frequency of administration, prescription number, and prescribing physician's name and phone number. Medication label information must match the information and instructions provided on this form.
- **Non-prescription medications, vitamins, and supplements** must be in original container with instructions for use on label.
- Containers must contain **exactly enough** medication for Camper's use during scheduled duration of the Camp (**NO "extras"**)
- An **adult must bring the medication to Camp** and give the medications to an adult staff member. Multiple medication containers for one Camper should be collected in a clear plastic bag labeled with the Camper's name.
- Campers who are **authorized to self-carry/self-administer medication** (such as inhaler, insulin, Epi-pen, etc) may carry the medication to Camp but must, in the presence of a responsible adult, show it to an adult Camp Staff member when checking in

**CAMPER TAKES THE FOLLOWING MEDICATIONS ON A DAILY OR ROUTINE AS-NEEDED BASIS:**

*(Include all prescription medications and non-prescription medications, vitamins, supplements, etc. supplied by the Camper)*

Name of Medication	Dates Taken	Reason for Taking	Times Taken & Dosage	Route (oral, topical, etc)	Special Instructions/Side effects <b>*Note if Emergency Medication</b>	Can Camper Self-Administer? <i>(see reverse for policy)</i>

**\*Copy this page if more space is needed. Physician must sign EACH PAGE listing medications.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name/Title

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Date Signed

Physician's Address Stamp

**OVER – Additional Signatures Required on Reverse**

**PARENT/GUARDIAN AUTHORIZATION**

I request the authorized Camp Staff to administer medication or supervise the Camper in self-administration if authorized, as prescribed by the Physician. I certify that I have legal authority to consent to medical treatment for the Camper named above, including the authority to consent to administration of medication. I understand that my camper should bring EXACTLY the amount each medication required for the duration of the Camp, in properly-labeled containers. However, further I understand that if any medication remains at the end of the authorized period it must be picked up by an adult, otherwise it will be discarded. I authorize Camp personnel to communicate with the prescriber as allowed by HIPAA.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

**AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY MEDICATIONS**

This section should be completed if medication is approved for self-administration and/or self-carry by the Camper under supervision of a Camp Staff member. **"Self-administration"** means the Camper is able to take/apply the medication without assistance, but under supervision of a Camp Staff member. **"Self-carry"** means the Camper may carry the medication with him/her during Camp activities. Self-carry of medication by Campers is permitted only for emergency medications such as inhalers, insulin, epinephrine, etc. Unless noted as "self-carry," all self-administered medications will remain under control of Camp Staff designee and dispensed according to the listed schedule.

All self-administered and self-carry medication must be listed on the reverse of this form. **Both the Physician and the Parent/Guardian must consent** to self-administration and/or self-carry by the Camper. However, Maryland youth camp operators are not required to permit self-administration or self-carry by Campers.

I consent that the Camper named above is able to self-administer the medication(s) as listed on the reverse of this form. I authorize self-administration of the listed medication(s) by the Camper under the supervision of an authorized Camp Staff member. If indicated below, the Camper may self-carry emergency medication and self-administer as necessary.

Emergency medication(s) authorized for **SELF-CARRY** by Camper (must also be listed on reverse of this form):

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship to Camper:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Physician's Name/Title**

\_\_\_\_\_  
**Physician's Phone**

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

Physician's Address Stamp



# MARYLAND 4-H CAMPS Sunscreen Authorization Form

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below.

Please read the following regarding use and application of sunscreen at Maryland 4-H Camps. The authorization statement must be completed and submitted along with sunscreen labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week, if the brand of sunscreen changes, or if a new bottle is supplied at any time.

Please address questions about this policy to your Camp Coordinator.

### MARYLAND 4-H CAMPS SUNSCREEN POLICY

1. Each Camper's parent/guardian must provide written permission for use and application of sunscreen on their child.
2. Sunscreen containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must be submitted along with the sunscreen.
3. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below).
4. For Day Camps, Campers need to have sunscreen applied to them by the parent/guardian BEFORE arriving at camp, not when dropping off.

### MARYLAND 4-H CAMPS SUNSCREEN AUTHORIZATION

*(Complete and sign appropriate block below)*

Camper's Name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_

Brand of Sunscreen: \_\_\_\_\_ SPF: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I give permission for members of the Maryland 4-H Camp Staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so.

In the event my child does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize members of the Maryland 4-H Camp Staff to use camp supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

OR

I DO NOT give permission for Maryland 4-H Camp Staff Members to assist in applying sunscreen to my child.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Camper's Name \_\_\_\_\_ Camper's Age \_\_\_\_\_

**MOVIE NIGHT AUTHORIZATION**

At Cecil County 4-H Camp, we try to plan for everything! But, sometimes Mother Nature doesn't cooperate so we always have a "Plan B" or back-up plans to make sure the campers are still having fun no matter what the weather is like outside. We would like to have permission to show a PG-rated movie at camp in this situation to ensure everyone is safe and dry during inclement weather. One or more of the following movies may be used for Movie Night:

*Moana*

*Hotel Transylvania 3*

*Greatest Showman*

- I give permission for my child to participate in Movie Night at Cecil County 4-H Camp.
- I DO NOT give permission for my child to participate in Movie Night at Cecil County 4-H Camp.

**INSECT REPELLENT APPLICATION AUTHORIZATION**

In fighting the elements, we will be diligently doing our best to care for your kids throughout the week. May we have your permission to apply insect repellent, as we see fit, during camp? If you are sending preferred bug spray with your child, PLEASE MARK BUG SPRAY WITH YOUR CHILD'S NAME. We will be collecting these at the bus stop and storing them in a secured area for application prior to activities.

- I give permission for members of the Cecil County 4-H Camp staff to assist in applying bug spray to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms and lower legs. Bug spray will be applied in the presence of other staff members. I understand that staff will not apply bug spray to my child's front torso or upper legs, but will assist and/or direct the child to do so. In the event my child does not bring bug spray to camp and conditions warrant its use, by my signature below, I authorize members of the Cecil County 4-H Camp Staff to use camp supplies of bug spray, and to apply this bug spray to my child's body as described above.
- I DO NOT give permission to the Cecil County 4-H Camp Staff to assist in applying bug spray to my child.

**FACE PAINT APPLICATION AUTHORIZATION**

Our campers are encouraged to participate in spirited activities. During the Campfires and other group activities, campers may have their face painted.

- I give permission for Cecil County 4-H Camp Staff to assist in applying face paint to my child.
- I DO NOT give permission for Cecil County 4-H Camp Staff to assist in applying face paint to my child.

Please sign below to agree to the above statements.

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

# Maryland 4-H Youth Code of Conduct

A goal of the Maryland 4-H Program is to provide opportunities for children and youth to build character. Maryland 4-H supports the CHARACTER COUNTS<sup>SM</sup> six pillars of character: **TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP**. In order to ensure Maryland 4-H programs provide positive environments for all individuals to learn and grow, 4-H participants 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 model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities, and I will not cheat, lie, knowingly give false information, or be dishonest in any other way. I will follow through on commitments I make and responsibilities I accept. I will not engage in illegal or unethical behavior.
- ☘ I will be **RESPECTFUL**. I will show respect, courtesy, and consideration to everyone, including other program participants, those in authority, and myself. I will act and speak respectfully. I will not use vulgar or abusive language or cause physical, mental, or emotional harm. I will dress in a manner that is appropriate, tasteful, and respectful for youth. I will take care of property and facilities and will not intentionally cause harm or damage. I will appreciate diversity in skill, ability, gender, ethnicity, family, and personal beliefs. I understand that Maryland 4-H does not tolerate statements or acts of discrimination or prejudice.
- ☘ I will be **RESPONSIBLE**. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I accept my personal responsibility to be informed of and follow policies, rules, and procedures of Maryland 4-H and 4-H events or activities in which I participate. I will be accountable for my choices and actions and I will take responsibility for any mistakes or misconduct in which I participate.
- ☘ I will be **FAIR**. I will be just, fair, and open-minded. I will participate in events by following the rules, not taking advantage of others, and not asking for special exception or consideration. I will demonstrate good sportsmanship and will accept the final outcome of events and contests.
- ☘ I will be **CARING**. I will be caring in my relationships with others. I will be kind and show compassion for other people and living things. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members of my group to have a good experience by striving to include everyone.
- ☘ I will be a **GOOD CITIZEN**. I will be a contributing and law-abiding member of the organization, community, and society. I will not use illegal or illicit substances such as tobacco, alcohol, or drugs. I will not act in a manner that is threatening, harassing, demeaning, or violent toward others, and I will not use technology or media to promote such actions. I will be respectful to the environment and contribute to the greater good. I will promote a spirit of inclusion by welcoming individuals from all backgrounds in my club and community. I will positively represent Maryland 4-H by holding myself to the standards of the 4-H Pledge and Motto.

<sup>SM</sup>CHARACTER COUNTS! Is a service mark of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

# Maryland 4-H Youth Code of Conduct Agreement

**Youth Code of Conduct:**

Maryland 4-H expects youth participating in programs to behave in an acceptable manner and in accordance with the Maryland 4-H Code of Conduct outlined on the reverse of this document. 4-H participants who engage in unacceptable conduct are subject to discipline. Youth behaviors that are unacceptable under the Code of Conduct include, but are not limited to:

- Possession, use, or distribution of alcohol and/or illegal or illicit drugs
- Possession or use of weapons or dangerous materials
- Possession or use of tobacco products
- Misuse of prescription or non-prescription drugs or substances
- Sexual activity
- Lying, cheating, misrepresenting project work, or other unethical practices
- Unauthorized absence from program site
- Physical, verbal, emotional, or mental abuse of, or threats toward, another person
- Theft, destruction, or abuse of property
- Use of electronic devices and/or social media to bully, demean, harass, or threaten another person
- Use of technology to create, transmit, post, or willingly receive unacceptable content such as that containing profanity, advocacy of use/possession of alcohol or drugs, violence, sexual misconduct, nudity, etc

**Maryland 4-H Disciplinary Policy and Procedures:**

A participant in a 4-H program who engages in conduct that may jeopardize the health or safety of the participant, other people, or the integrity of 4-H will be immediately dismissed from the program or activity. This determination and dismissal will be made at the discretion of the University of Maryland Extension (UME) faculty/staff member or UME volunteer in charge of the program or activity. The dismissed youth participant's parent or guardian will be responsible for providing transportation away from the program or event.

Following dismissal from a program, the 4-H participant and his/her parent or guardian will be notified in writing of the nature of any unacceptable conduct for which sanctions, up to and including suspension or dismissal from 4-H programs or activities, are being considered. In such cases:

- The county/city UME faculty or staff member with overall responsibility for the program will set up a meeting to hear the 4-H participant. The 4-H participant's parent/guardian will be present at this meeting. At the discretion of UME or at the request of the 4-H participant, a committee may be appointed by UME to review the matter.
- Following the meeting, the 4-H participant and his/her parent/guardian will be notified in writing of the outcome of the meeting and any sanction(s) to be imposed.
- Sanctions may be appealed in writing within seven (7) calendar days after the 4-H participant receives notice of the decision, to the Area Extension Director (AED). The AED will consult with the appropriate State 4-H Specialist(s) in considering the 4-H participant's appeal. The 4-H participant and his/her parent/guardian will be notified in writing of the decision of the AED.
- The decision of the AED may be appealed in writing to the State 4-H Leader within seven (7) days after the 4-H participant receives notice of the decision. The 4-H participant and his/her parent/guardian will be notified in writing of the State 4-H Leader's decision. The decision of the State 4-H Leader is final.

**BEHAVIOR PLEDGE**

I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I am aware that my actions and decisions affect me and others and that poor actions or decisions may result in my loss of privileges for current and future 4-H programs. I will accept the appropriate and logical consequences of my actions, as determined by Maryland 4-H.

\_\_\_\_\_  
 4-Her's Printed Name

\_\_\_\_\_  
 4-Her's Signature

\_\_\_\_\_  
 Date

As the parent/guardian of \_\_\_\_\_, I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I will support and uphold these principles, and will model positive behavior for my child and other 4-H youth and families. I will support the individual in charge of maintaining appropriate behavior at 4-H programs, events, and activities. I agree to accept the appropriate and logical consequences of my child's actions as determined by Maryland 4-H and the University of Maryland Extension.

\_\_\_\_\_  
 Parent/Guardian's Printed Name

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date



# Maryland 4-H Publicity Release - Youth

The Maryland 4-H Program and the University of Maryland often use images of “4-Hers in action” to promote programs and activities, recognize achievement, and share the fun of 4-H. Maryland 4-H members and adults may be photographed or videotaped at 4-H events on the local, state, and national level. Images identifying 4-H youth will not be publicized without permission of a parent/guardian, which must be indicated in the 4-Her’s current year 4-H Online record. This permission must be renewed annually, at member re-enrollment.

In publicly sharing photographs and video of 4-H events, Maryland 4-H takes reasonable steps to protect youth’s privacy and safety. Such actions may include identifying 4-Hers only by first name and county or club affiliation, or by not specifically naming photo/video subjects. In some cases older 4-Hers who have earned high awards or recognition may be identified by full name such as for a press release or interview. Photos or video of 4-H youth will be posted by Maryland 4-H ONLY to official 4-H, UME, and University websites or social media accounts. Images will not be sold.

If you choose to decline use of your child’s image for promotional purposes Maryland 4-H, UME, and the University of Maryland will not share photos or video featuring your child. Your child’s image may still appear in group or action/activity photos, but s/he will not be specifically identified or named.

## PUBLICITY RELEASE

I give my permission to Maryland 4-H, University of Maryland Extension (UME), and the University of Maryland College of Agriculture and Natural Resources (AGNR) to create, use, and publish photographic or video images of my child for educational and promotional purposes. These images may be exhibited publicly or privately, including posting to official 4-H and University of Maryland websites and social media accounts. I understand I will receive no compensation for use of these images.

\_\_\_\_\_  
 4-Her’s Printed Name

\_\_\_\_\_  
 Parent/Guardian’s Printed Name

\_\_\_\_\_  
 Parent/Guardian’s Signature

\_\_\_\_\_  
 Date

## DECLINATION

I do NOT give permission to use photographs or videos featuring my child for promotional or educational purposes.

\_\_\_\_\_  
 4-Her’s Printed Name

\_\_\_\_\_  
 Parent/Guardian’s Printed Name

\_\_\_\_\_  
 Parent/Guardian’s Signature

\_\_\_\_\_  
 Date

Return this form by June 1, 2019 to: 4-H Camp Forms, Cecil County 4-H Camp, PO Box 939, Elkton, MD 21922

### STAFF CAMP TRAVEL PREFERENCE

Please check below how you will be arriving at Camp. This will aid in assuring that there is adequate seating available and that your counselor's registration records are available for check-in.

**Counselor Name:** \_\_\_\_\_

Saturday, August 3rd – Going to Camp (please check one):

\_\_\_\_\_ I will meet the camp staff at Susan Sprout Knight. Check-in begins at 12:00 pm.

\_\_\_\_\_ I will be arriving directly at Camp at 1 pm.

PLEASE ONLY CHECK ONE BELOW

Saturday, August 10th – Coming back from Camp (please check one):

\_\_\_\_\_ I will ride with camp staff back to Susan Sprout Knight at 2pm

\_\_\_\_\_ I will be picked up at Camp at 1 pm.

Other arrangements:

\_\_\_\_\_

**\*\* Cecil County 4-H Camp Policy-Youth may not drive to camp without prior authorization from the camp director. Youth may not transport other Youth to and from 4-H Camp unless they are siblings. Youth vehicles are not to be used during the week of camp.**



## PERMISSION FOR TRAVEL TO/FROM 4-H EVENT

4-Her's Name: \_\_\_\_\_ County/Unit: \_\_\_\_\_

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### Travel TO a 4-H Event:

My child has permission to travel TO the above listed 4-H event with the following person. This person has my authorization to transport my child in his/her personally-owned vehicle and/or to escort my child on public transportation, and to sign my child in at the 4-H event upon arrival.

### **RESPONSIBLE PERSON:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Is this person a UME Volunteer or Employee?  YES  NO

### Travel FROM a 4-H Event:

My child has permission to travel FROM the above listed 4-H event with the following person. This person has my authorization to transport my child in his/her personally-owned vehicle and/or to escort my child on public transportation, and to sign my child out of the 4-H event before departure.

### **RESPONSIBLE PERSON:**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Is this person a UME Volunteer or Employee?  YES  NO

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date