

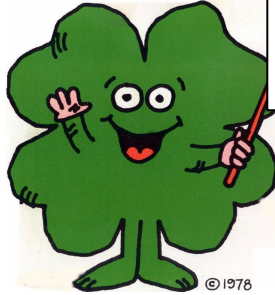


Welcome  
to  
Hervida  
4-H Camp!

Ohio State University Extension  
Washington County  
1115 Gilman Avenue  
Marietta, OH 45750  
  
740-376-7431 Phone  
740-376-7435 Fax  
  
<http://washington.osu.edu>

## BEGINNER 4-H CAMP

Wednesday, July 6, 2022  
To  
Thursday, July 7, 2022



Dear Beginner Camper and Parent/Guardian:

Welcome to a two-day camp of fun, new friendships and opportunities to do something new! You will be introduced to a camping program similar to Junior 4-H Camp in hopes that you will come back for five days of fun next year.

### CABIN MATE REQUESTS:

Campers may request one friend who is registered for camp to stay in the same cabin. We do not normally have more than two friends together in order to foster the making of new friends. **If you wish to make a cabin mate request, call the Extension Office at 376-7431 no later than June 20, 2022.**

### HEALTH HISTORY FORM:

Please bring the enclosed Health History Form to camp with you. It must be filled out (front and back) and signed by the parent/guardian in order to admit you to camp.

### PERMISSION TO LEAVE/RESTRICTED RELEASE FORM:

Campers are encouraged to stay at camp for the entire program. If the camper has to depart camp early, please complete the Permission to Leave form. This may be turned in at registration.

### PERMISSION TO TRANSPORT FORM:

Please bring the enclosed Permission to Transport form to camp with you. It must be filled out and signed by the parent/guardian in order to admit you to camp.

### MEDICATION:

All medications, prescription and non-prescription, should be turned into the nurse upon arrival at camp. They should be in a labeled bottle with complete instructions. These will be kept in the nurse's cabin at all times. Please include any medication instructions on the Camper Health History Form. Possession of prescription medication or non-prescription medication by counselors or campers is prohibited. *Campers may be sent home for anything deemed medically necessary by the camp nurse. This may include, but not limited to fever, vomiting, diarrhea or rash.*

### CLASSES:

Everyone will take the same classes. The classes include swim time (not instruction), recreation, nature, and craft. The cost of all the class supplies is included in the camp fee.

### REGISTRATION:

Arrival and registration are **Wednesday from 9:30 – 10:15 A.M.** in the Craft Hall, the large block building on the hill to the right as you enter the camp. **Please do not arrive before 9:30 A.M.** When parking, please make sure that two lanes of traffic can still pass your vehicle on the camp road. A very slow speed is a must within the camp gate due to pedestrians.

**DEPARTURE:**

Departure is Thursday at 2 P.M. Families of campers are welcome to join us for the closing program at 1:30 P.M. Families should gather in the Craft Hall and wait for campers to join them because the campers will still be eating supper when you arrive. Camper belongings will be loaded in vehicles after the closing program.

**WHAT TO BRING TO CAMP:**

- |   |                                       |
|---|---------------------------------------|
| Adequate amount of camp clothes<br>(At least 2 outfits per day, including long pants) | Bedding or sleeping bag, pillow       |
| Swim suit, towel and sunscreen  | Towels washcloths, shower shoes       |
| Jacket or sweatshirt  | Soap, toothbrush, toothpaste, shampoo |
| Comb or brush   | Shower Shoes                          |
| Back pack or tote bag   | Refillable water bottle               |
| Two pair of closed-toed shoes, including tennis shoes                                 | Plenty of Socks                       |
- Please leave flip-flops and other sandals at some, as they are not suitable for the vigorous camp activities.**

**CAMP FEE:**

The camp fee of \$73.00 for 4-H members and \$94.00 for non 4-H members includes meals, class and program supplies, one canteen snack per day, camper t-shirt, and staff salaries. Full payment is due by June 6<sup>th</sup>.

**ADDITIONAL MONEY:**

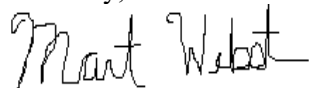
Campers will not need to keep any money at camp. The camp staff is not responsible for money or valuables that are lost or stolen.

**EMERGENCIES:**

In case of emergencies only, camp may be reached by telephone at 740-984-2267 or the camp director’s cell phone at 740-350-7585. Please do not require or expect campers to call home. We have one phone for the camp. **Please leave cell phones at home!**

We are looking forward to a fun camp! See you soon!

Sincerely,



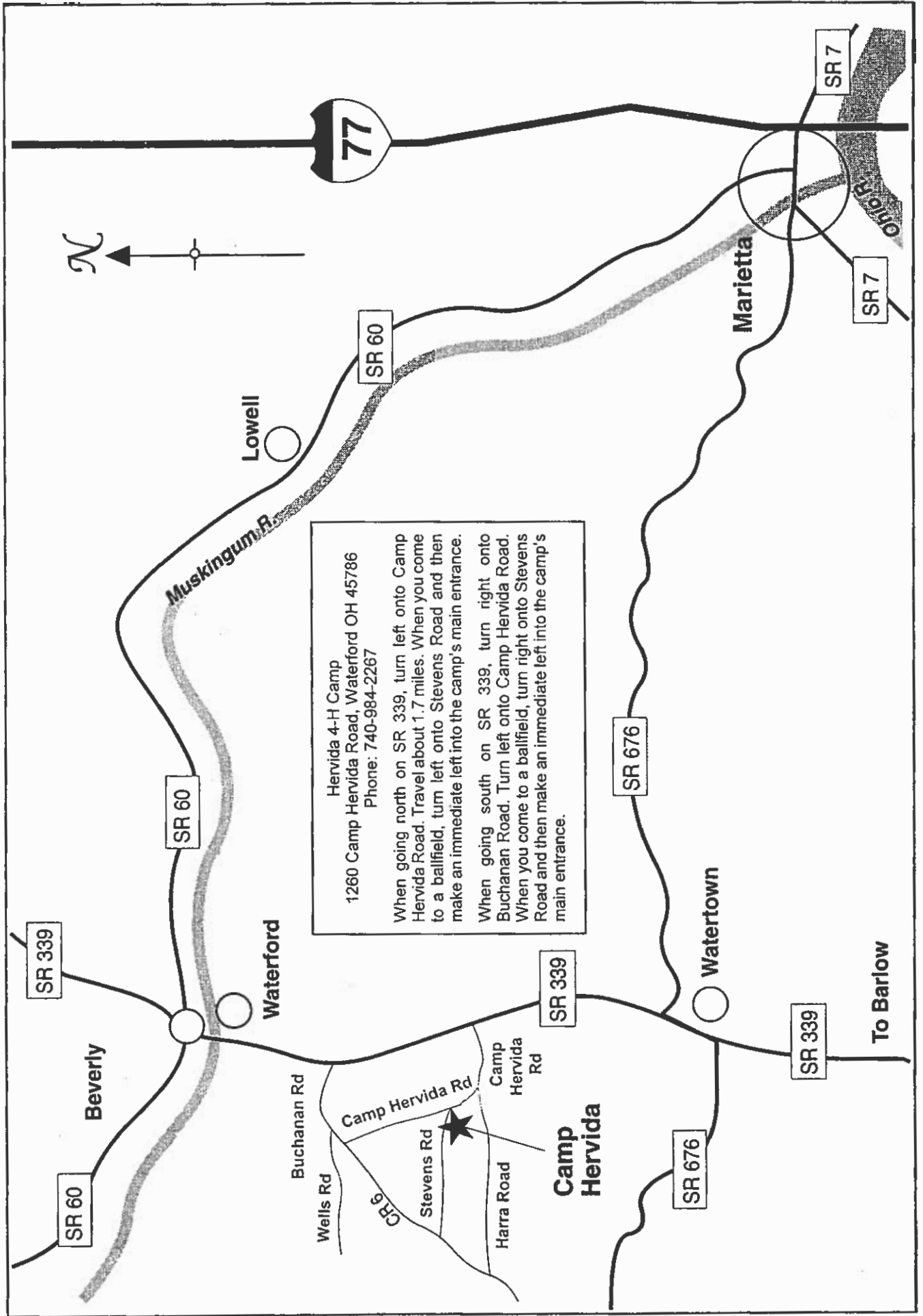
Martha Webster, Camp Director

**Enclosures:**

- Map to Camp Hervida
- Health History Form
- Camp Rules and Guidelines
- Permission to Leave Form
- Permission to Transport Form



# DIRECTIONS TO HERVIDA 4-H CAMP



## 4-H CAMP RULES AND GUIDELINES

The following rules and guidelines are for specific understanding between campers/counselors, parent/guardians and the camp staff.

### A. NON-NEGOTIABLE RULES – WILL BE SENT HOME

1. No alcoholic liquor, beer, including non-intoxicating beer.
2. No use of tobacco products including smokeless.
3. No illegal drugs/unlawful items.
4. No fireworks.
5. Extreme misbehavior, including out of the cabin after “lights out”.
6. Illness/accident.

If the camp staff has a good, solid reason to believe a person has an illegal item or substance in his/her possession, the camp staff has the right to inspect or search the possessions of the person in his/her presence. If illegal substances are found, the camp director has no choice but to notify parents/guardians and/or the proper authorities.

### B. RULES FOR HEALTH AND SAFETY

1. Visitors will be welcome only in case of emergency or where they are invited or have permission to participate in various phases of the camp program.
2. Wear closed-toe shoes except in the shower or pool.
3. Swimming is allowed only in the pool with the lifeguard on duty.
4. Prescription or non-prescription medications are not allowed in the cabins.
5. Please do not throw stones or other objects.
6. Do not climb on the rocks by the creek.
7. A counselor or staff person must be along on a hike.
8. You must have permission to leave the campgrounds.
9. No horseplay, including pushing, hitting, attacking or picking someone up, even if in fun.
10. Give car keys to the camp director.
11. Please do not write on the restroom or building walls.
12. Mattresses or bunks are to be removed from cabins only by maintenance staff.

### C. GUIDELINES THAT HELP CAMP RUN MORE SMOOTHLY

1. Please leave pop and snacks at home. Raccoons, skunks, mice and bugs are abundant at camp. Snacks and pop will be available at canteen time. If pop is brought to camp, it will be stored in the staff cabin and returned to campers when they go home. **Water bottles are encouraged.**
2. Personal music devices and headphones can be brought by campers and must have their name on them. They are to be used in the cabin areas only and not during other camp activities. **Staff is not responsible for these items.**
3. Please leave inappropriate reading material, listening material or clothing at home. Clothing is not to have a slogan or picture that would break one of the non-negotiable rules (i.e.: tobacco, alcohol, sexual messages).
4. Foul language is not appropriate at camp.
5. Graffiti is not permitted outside the cabins. Any physical facility damage will be charged to the parents/guardians, including writing profanity and discharging fire extinguishers inappropriately.
6. Boys are not permitted in girls’ cabin area; girls are not permitted in boys’ cabin area.
7. No public display of affection (PDA) including holding hands, kissing, etc.
8. Please remove hats in the dining hall.
9. Full participation in the camp program is strongly encouraged.
10. Respect nature, other people’s property and each other.
11. For the full participation of the camping program and the safety of the campers, **campers are not permitted to have cell phones or smart watches at camp.** Please leave them at home. If they are found, they will be stored in the Staff Cabin and returned to the individuals when they go home. In case of emergencies ONLY, please call the camp at 740-984-2267, the director’s cell phone at 740-350-7584, or the assistant director’s cell phone at 740-350-7585.

# 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.

**REQUIRED!**  
**Attach Picture**  
 (for I.D. purposes only)

## 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: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Other Contact/Relationship: _____	Cell Phone: _____	Email: _____
Physician: _____	Phone: _____	
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.*

### 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.

## 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.*

**Check below if the participant displays any of the following behaviors:**

<input type="checkbox"/> Abusive to Others	<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Self Abusive	<input type="checkbox"/> Withdrawn/Shy
<input type="checkbox"/> Bites	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Severe Fears (Please comment) _____	<input type="checkbox"/> Behavior Plan in Place (please attach a copy or description)
<input type="checkbox"/> Easily Discouraged	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Runs Away	<input type="checkbox"/> Short Attention Span	<input type="checkbox"/> Other? _____

**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: \_\_\_\_\_

**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 must follow the *Ohio 4-H Code of Conduct*; consequences for *Code of Conduct* violations may result in my child being sent home at the sole discretion of OSU Extension at my expense.

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

**WAIVER AND PERMISSION TO TRANSPORT CHILD/CHARGE**  
Ohio State University Extension

***Required Form***

**Child/Charge Name:** \_\_\_\_\_

**Check which event:**    \_\_\_\_\_ Junior Camp June 27 - July 1, 2022  
                                  \_\_\_\_\_ Cloverbud Camp July 5, 2022  
                                  \_\_\_\_\_ Beginner Camp July 6-7, 2022  
                                  \_\_\_\_\_ Senior Camp July 17-21, 2022  
                                  \_\_\_\_\_ Single Day Camp at Fairgrounds July 22, 2022

**Location:**        \_\_\_\_\_ Hervida 4-H Camp, Waterford, Ohio \_\_\_\_\_

**Driver:**    The Ohio State University Extension Employees or Volunteers

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individuals identified during an event at the specified location on the dates indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Ohio State University, its Board of Trustees, The Ohio State University Extension and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): \_\_\_\_\_

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



# 4-H CAMP Permission To Leave Form



I, \_\_\_\_\_, hereby give my permission for my child,  
 (Name of parent/guardian)

\_\_\_\_\_, to leave 4-H Camp for the following reason(s), date(s) and time(s):  
 (Name of camper)

Reason for Leaving	Departure		Return	
	Date	Time	Date	Time
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm
		am/pm		am/pm

I also hereby authorize the following persons to pickup my children from 4-H Camp for the reason(s) listed above:

\_\_\_\_\_

I agree not to hold Herveda 4-H Camp, Inc. Ohio State University Extension staff, or assisting 4-H Camp staff responsible for accidents or other liabilities incurred while my child is away from camp.

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Phone \_\_\_\_\_

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

### Restricted Release

We understand that there are situations where parents have a right to restrict who will pick up their child at the end of a program. If you need to restrict who picks up your child, you must do so in writing on this form and return it by registration. All "restricted children" are to wait to be released at the Women's Staff Cabin (cabin 1). If you wish to restrict who will pick up your child, please complete the form below and return it by registration.

### 4-H Restricted Release Form

I, \_\_\_\_\_,  
 (Parent/Guardian's Name)

hereby authorize person(s) listed below to pick up my child/children,

\_\_\_\_\_, following 4-H Camp.

Child's Name(s)

Name(s) of person(s) who are authorized to pick up my child:

If my plans change, I will call 740-984-2267 or 740-350-7585 to inform the camp staff