



Hervida: Through the Decades

SENIOR 4-H CAMP - Sunday, July 17 (3:00 pm) through Thursday, July 21 (4:00 pm)

Dear Senior Camper and Parent/Guardian:

Welcome to five days of fun and friendship! Please read the following information so campers and parents/guardians are prepared for camp.

TO DO NOW BEFORE CAMP

- 1) Return the enclosed Ohio 4-H Participant/Member Health History Form filled out (front and back) and signed by your parent or guardian. We must have a completed and signed Health History Form to admit you to camp.
- 3) The Health History Form and Permission to Transport Form are to be returned to the Extension Office by **JULY 6TH**.

SPECIFIC INFORMATION FOR 4-H CAMP:

HEALTH AND SAFETY AT CAMP: All medications, prescriptions and non-prescription, should be turned into the nurse upon arrival at camp. They should be in a labeled bottle with complete instructions and **parent signature**. These will be kept in the nurse's cabin at all times. Campers are welcome to visit the nurse anytime day or night for any reason. Please include any medication instructions on the Camper Health form.

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.

CABIN MATE REQUESTS: Campers may request one friend to stay in the same cabin with them. Normally, no more than two friends are assigned to the same cabin to foster the making of new friends. Campers will be told their cabin assignment at registration.

CLASSES: You will have four classes on Monday, Tuesday, and Wednesday. Monday and Tuesday morning classes are the same for everyone. The fourth class these days is selected at camp. Wednesday, all four classes are chosen at camp. All class costs are included in the overall camp fee.

PERMISSION TO LEAVE/RESTRICTED RELEASE FORM: No one is allowed to leave camp without a signed Parent Permission form, which includes the date, time leaving, time returning, who is transporting and the reason. A form is enclosed. The completed form must be turned in by registration.

REGISTRATION: Arrival and registration are Sunday from 3:00-4:00 PM in the Craft Hall, the large block building on the hill to the right as you enter camp. **Please do not arrive before 3:00 PM.**

DEPARTURE: Departure is Thursday at 4 PM. Parents should be at camp at this time to take campers home. Families are welcome to join us at 3:30 PM for camp awards and flag lowering.

Due to pedestrian activities, vehicles will not be permitted beyond the canteen until after the closing ceremony and camp is dismissed. After dismissal, vehicles will be permitted to drive to the cabin area.

CAMP FEE: The base cost of camp is \$160.00 for 4-H members and \$215.00 for non-4-H members which includes four nights of lodging, meals for five days, program supplies, classes, canteen, and staff salaries. **Full payment is due June 17th**. No refunds for partial stays.

CAMP PICTURE: A camp picture will be taken during 4-H Camp. There will be a password available for a free digital download of the picture following camp. Please be sure to include an email address on this form so we can email you the password at the end of camp. You may also order prints from this site, including copies of the slideshow.

ADDITIONAL MONEY: No additional money is needed. All classes and daily canteen are including in the price of camp.

WHAT TO BRING TO CAMP:

Adequate amount of camp clothes (at least 2 outfits per day, and a pair of jeans or long pants)
Swim suit, beach towel, sun screen
Jacket or sweatshirt
Rain gear
Flashlight
Towels, wash cloths
Nice, casual clothes for Wednesday “Dress-up Dinner”
Two pair of closed-toe shoes and **socks**, including tennis shoes

Soap, toothbrush and toothpaste
Comb/brush
Other personal items
Sheet, blanket or sleeping bag
Pillow
Refillable Water Bottle
Camera
Flip-Flops for the shower
Personal music devices in cabins only

WHAT NOT TO BRING:

Valuables
Electronic games
Pocket knives, firearms, fireworks, alcohol, tobacco, illegal drugs
Items with offensive logos, illegal substances or inappropriate pictures

Cell Phones: *Cell Phones are not allowed at camp! In case of emergencies ONLY, please call the camp at 740-984-2267, or the director's cell phone at 740-350-7585.*

Please do not require or expect campers/counselors to call home. Cell phones found at camp will be turned in to the camp director and returned to the camper at the end of camp. Adults will have their phones at all times in case of emergencies

CAMP ADDRESS:

Parents and friends are welcome to write campers: The address is: Camper's Name, Hervida 4-H Camp
1260 Camp Hervida Road, Waterford, OH 45786

Optional Things to Bring: Talent for Talent Show – Bring CD's for music if needed and Songs, Skits, Challenges, Jokes for Campfire. Various outfits for the decades: 20s, 40s, 50s, 60-70s, and 80s. Fun!

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

Sincerely,



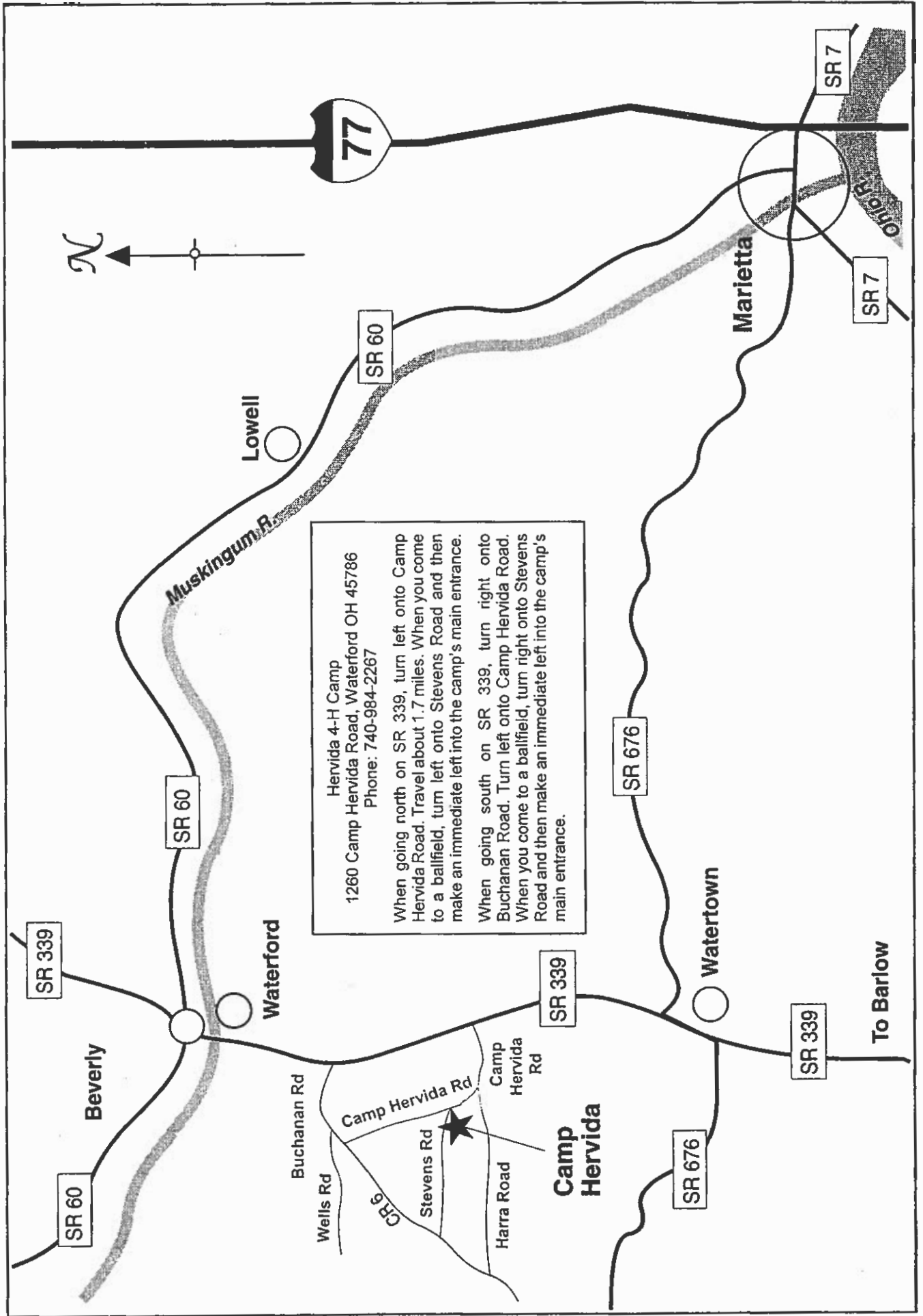
Martha Webster, Camp Director

Enclosures:

Map to Camp Hervida
Camp Rules & Guidelines
Permission to Leave/Restricted Release Form
Health History 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