

Morgan County

May 3, 2022

Dear Mini 4-H Member (Grade K-2 as of January 2022) and Main Adult Leaders,

Here comes the sun—and summertime is on its way! Sunshine and long days make me think of Mini 4-H Day Camp! I hope you're looking forward to camp too. What a great way to learn about 4-H—and about YOU! Camp will be held at **Mooreville on June 27-29th** (Monday-Wednesday) at First United Methodist Church at 900 Indianapolis Road. and **Martinsville on June 13-15<sup>th</sup>** (Monday-Wednesday) Jimmy Nash Park (360 N Home Ave) in Martinsville. The fun begins each day at 8:00 a.m., and you may come as early as 7:30 a.m. Camp concludes at 4:00 p.m., and we ask that you make arrangements to pick up your child no later than 4:00 p.m. each evening.

Please read over this letter carefully and hike right over to the Extension Office to return the enclosed forms and reserve your spot. You must enroll in Mini 4-H to attend camp. **Enrollment at camp is limited, and applications will be accepted on a first-come, first-served basis through Tuesday, June 1.**



The cost of camp is \$35 for the first camper and \$30 for each additional camper from the same family. This covers the cost of supplies, snacks, drinks, speakers and swimming. Campers will need to bring a nutritious sack lunch and drink each day, along with sunscreen. Dress for the weather and look forward to the great outdoors! I can *guarantee* that you will make new friends and make great 4-H projects!

**Campers:**

Bring your swimsuit and towel on Monday and Wednesday. Wear comfortable shoes on Tuesday when we will be going on a hike (weather permitting). (Swimsuits with built-in floatation devices are not allowed.)



Enclosed are registration and health forms which need to be turned in with your payment to the Morgan County Extension Office at 180 S. Main St. in Martinsville. (Feel free to make a copy of the enclosed forms if you have more than one child attending.) If you have questions, call us at (765) 342-1010 or visit us on our website at [www.extension.purdue.edu/morgan](http://www.extension.purdue.edu/morgan).

Hope you'll join us! Ask your friends if they'd like to come too!

Sincerely,

Rena Sheldon, CED/Extension Educator  
4-H Youth Development

“Rooted in 4-H”

***Mini Projects we will work on:***

*Mini STEM*

*Gardening*

*Tractor Safety*

*Small Animals*

*Crafts*

180 S. Main St. · Suite 229 · Martinsville, IN 46151-1987 ·

(765) 342-1010 · FAX: (765) 349-5071

Purdue University, Indiana Counties and U.S Department of Agriculture Cooperating  
An Affirmative Action/Equal Opportunity Institution

**RETURN THIS COMPLETED FORM and HEALTH FORM BY June 1st**  
**MINI DAY CAMP REGISTRATION FORM**

\_\_\_\_ MOORESVILLE, JUNE 27-29  
First United Methodist Church

\_\_\_\_ MARTINSVILLE, JUNE 13-15  
Jimmy Nash City Park

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

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

Birthdate \_\_\_\_\_ Grade ('21-'22 School Year) \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female  
(Grade as of January, 2022)

Parent or Guardian Signature \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

**SWIMMING:** If your child needs assistance in swimming or you have concerns about his/her swimming ability, please indicate that here: \_\_\_\_\_

**FOOD ALLERGIES:** Please list if your child has any food allergies to: \_\_\_\_\_

Please list all names of persons allowed to pick up your child.  
If name is not listed, child cannot be released to that person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child belong to a 4-H Club? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Club \_\_\_\_\_

Is this your first year in 4-H? \_\_\_\_\_

**Cost of Camp \$35.00 \_\_\_\_\_ (\$30.00 for each additional child in the family)**  
**(Make checks payable to: Purdue CES Educational Fund-Morgan)**



**T-Shirt Size**  Please Circle One **YOUTH S M L** **OR** **ADULT S M L XL**

Please understand that camp times are 8:00 a.m. to 4:00 p.m., with early drop-off at 7:30 a.m., if needed. You should make arrangements to pick up your child by 4:00 p.m.

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**Office Use**

Paid Check # \_\_\_\_\_

\_\_\_\_ Health Form

\_\_\_\_ Registration Form

Special Instructions \_\_\_\_\_

**HEALTH FORM  
(Youth)**

**Attach current photo here.  
Photo will not be returned.**

\_\_\_\_\_  
Event/Activity/Trip

\_\_\_\_\_  
County

\_\_\_\_\_  
Dorm and/or Room Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Youth Cell Number (if applicable)

List any activities the participant should avoid (i.e., swimming):  
\_\_\_\_\_

Physical Record of Participant

Yes

No

Heart Condition \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear Infections \_\_\_\_\_

Bedwetting \_\_\_\_\_

Allergy to any medication \_\_\_\_\_

List medicines allergic to: \_\_\_\_\_

Food allergy or dietary restrictions \_\_\_\_\_

List allergies/restrictions \_\_\_\_\_

Other allergies (i.e., dust, pollen, animals) \_\_\_\_\_

List other allergies \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please list any current medication being taken on reverse side of this form.**

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations that would be beneficial during 4-H participation:  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL AUTHORIZATION**

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Parent/Legal Guardian

\_\_\_\_\_  
Date

Parent/Guardian Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Home

(\_\_\_\_\_) \_\_\_\_\_  
Work

**Both above signatures required for acceptance to participate**

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Home

(\_\_\_\_\_) \_\_\_\_\_  
Work

**Please complete the addendum on reverse side**

**Risk Management Forms**

Reviewed and approved by OLC April 2020

## ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.  
**Medications must be carried in their original containers.**

County: \_\_\_\_\_

4-H member's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

What Illness/Condition is this medication intended for: \_\_\_\_\_

Check all of the following that apply:

\_\_\_\_\_ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Benadryl may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Medication is to be self administered by student

\_\_\_\_\_ Medication is to be administered by 4-H Youth Development event personnel

Dosage: \_\_\_\_\_ Refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Other information (if applicable): \_\_\_\_\_

Date(s) to Administer: From \_\_\_\_\_ To \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date