

APPLICATION FORM FOR 2025 4-H CAMP

Pulaski County

June 4-6, 2025

Theme: States

Name of Camper _____ Boy _____ Girl _____
(Check one)

Grade of Camper _____
(must currently be enrolled in grades 3-6)

Complete Address _____
Street Town Zip

Preferred Phone # _____

Preferred E-mail _____

FEES

Camp Application fee: \$90

(Note: The Pulaski County 4-H Council is paying \$100 of the camp fee.
Campers should send a thank you to Pulaski County 4-H Council.)

Total Payment Enclosed \$ _____ Method of Payment: _____ Cash ___ Check

MAKE YOUR CHECKS PAYABLE TO: Purdue University

Please Circle T-shirt size:

Adult: Small Medium Large X-Large

Child: Small Medium Large

NOTE:

- Applications are accepted in the Extension Office between April 1- April 30, 2025.
- Applications will be taken on a first-come, first-serve basis.
- If your child has any food allergies, please fill out this online form in addition to the health form:
<https://www.camptecumseh.org/special-dietary-needs-form/> or scan the QR Code.



Signature of Parent or Guardian _____

If possible, I'd like to be in the same cabin as _____
(one name only)

*Have the person you are listing for roommate, list you as their one name for a roommate.

Purdue University prohibits discrimination against any member of the University community on the basis of race, religion, color, sex, age, national origin or ancestry, genetic information, marital status, parental status, sexual orientation, gender identity and expression, disability, or status as a veteran. If you are in need of accommodations to attend this program, please contact Sam Williams prior to the meeting at (574) 846-3412 or ssporled@purdue.edu by April 30th. For special dietary needs contact Sam Williams at (574) 946-3412 or ssporled@purdue.edu by April 30th. If you need an interpreter or translator, please contact Sam Williams prior to the meeting at (574) 846-3412 or ssporled@purdue.edu by April 30th.

HEALTH FORM

Attach current photo here. Photo will not be returned.

4-H Camp

County _____

Dorm and/or Room Number _____

Name _____

Birthdate _____

Street Address _____ City _____ State _____ ZIP code _____

Day Phone Number _____

Evening Phone Number _____

Youth Cell (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 allergies or dietary restrictions

List allergies/restrictions: _____

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

List other allergies _____

All immunizations required for school are current

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 while at camp: _____

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

ADDENDUM TO THE 4-H CAMP YOUTH HEALTH FORM

Complete this form for **prescription medications and over-the-counter medications** that are being taken by the student at the time of the event. These medications will 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 any 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

Youth's weight: ___ lbs.

Dosage: _____ Refrigeration? Yes ___ No ___

Special Instructions: _____

Other information (if applicable): _____

Date(s) to Administer: From _____ To _____

Prescribing Doctor's Name: _____ Phone: (_____

Event: _____ Date (s): _____

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date