

**4-H Camp Ohio
Program Permission Form**

Participants Name: _____ Age: _____ Phone: _____

Address: _____ County: _____

Emergency Medical Information

(If "YES", please explain on the lines following the question.)

No ___ Yes ___ Allergies to foods, drugs, insect bites, dust, ect. Please identify them and the nature of your reaction.

No ___ Yes ___ Physical disabilities or conditions which might limit your participation:

No ___ Yes ___ If you are presently taking medication(s), please identify them:

In Case of Emergency, Contact:

Name	Relationship	Home Phone	Work/Cell Phone
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Statement of Understanding

_____ has my permission to participate in the Ohio 4-H program and activities as listed on the 4-H Camp Ohio website (with the exception of those restricted activities listed above). I understand participants will be supervised. I understand the 4-H staff and volunteers; The Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury of illness to the participant's present medical conditions listed. I understand 4-H Camp Ohio is not liable for uncontrollable circumstances such as communicable diseases or infestations including but not limited to bed bugs and lice. I further understand in case of serious injury or illness I will be notified.

I am aware in signing this statement for participation in programs of 4-H Camp Ohio that certain activities are physically demanding. Therefore, physical fitness will increase the enjoyment and ability to participate in the activity. If, for any reason, I question the ability of the participant to participate in the activity, I will consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which might be encountered while participating in camp programs include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. I understand that most activities are conducted in the out-of-doors in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to known risks; however, as a participant, I acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. I have the personal responsibility to follow the established safety rules and procedures to the extent that I participate in such activities. If at any time I have questions about the activity, I have the responsibility to consult with my instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at 4-H Camp Ohio.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that the participant (including any minor children) is fully capable of participating in the activities.

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of the participant.

I understand my child is not permitted to have a cell phone in their possession during their stay at camp.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Medical Authorization for Participants Under 18 Years of Age

Participants Name: _____ **Age:** _____ **Phone:** _____

Address: _____ **County:** _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under 4-H Camp Ohio and sponsoring agency authority, when parents or guardians cannot be reached.

Part I or II – Must be Completed

Part I (To Grant Consent)

In the event reasonable attempts to contact me at _____ (phone#) or _____ (other parent/guardian) at _____ (phone#) have been unsuccessful, I hereby give consent for; (1) the administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) at _____ (phone#) or Dr. _____ (Preferred Dentist) at _____ (phone#) or in the event the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent/Guardian Signature: _____

Address: _____ **Date:** _____

Part II (Do not complete Part II if you completed Part I)

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish 4-H Camp Ohio and the sponsoring agency authorities to take no action or to:

Parent/Guardian Signature: _____

Address: _____ **Date:** _____

(Parent or legal guardian must sign for all persons under 18 years of age.)