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4- H Rural Life Center Camper Summer Camp Application

Camp Names _____

**Does your Child Have a 4-H Online Profile? Yes__ No__*

If not, there must be a 4-H Online Profile created for Camp Application to Be Considered.

Create youth 4-H Profile at v2.4honline.com. Need help? Email: lee_peoples@ncsu.edu or call 583-5161

**Does your child receive free or reduced school lunches? Yes__ No__*

Camp Dates _____

Member Name: _____

First Middle Last

Address: _____

Street Address City State Zip Code

Phone:(____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ Grade: _____ School Attending: _____

Do you live*: Farm City over 50,000 people

(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people

City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes__ No__

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group:* A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply: White or Caucasian Asian Black or African-American Native Hawaiian or other Pacific Islander American Indian or Alaska Native Other _____

Parent or Guardian: _____

First Middle Last

Address: _____

Street Address City State Zip Code

Phone: _____ (_____) _____ (_____) _____

(Area Code) Daytime/Cell phone (Area Code) Home phone Email

Additional Parent or Guardian: _____

First Middle Last

Address: _____

Street Address City State Zip Code

Phone: _____ (_____) _____ (_____) _____

(Area Code) Daytime/Cell phone (Area Code) Home phone Email

1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs. _____ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses I just got peaceful so I can focus on over here while you can just lock the door not worry about it thank you I'm sorry if I stressed you out today I know all right and seeing if he's trying to make it out there this weekend or next weekend off he has an accounts nor telephone numbers will be published within these materials.

_____ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: _____

*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

**NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE, AND INDEMNIFICATION
YOUTH AGREEMENT**

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

Additionally, I understand that the coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program's facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program's reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

_____ YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Name of Minor: _____

North Carolina 4-H Photo & Media Release

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

I agree to photo/media use for any use described herein.

I do not agree to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____ Date: _____

North Carolina 4-H Code of Conduct and Disciplinary Procedure

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.

B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.



II. Behaviors Prohibited at 4-H Program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Bullying, harassing or using derogatory language towards another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
- L. Conduct that disrupts or interferes with 4-H programming
- M. Using Program content, contacts, images or video for personal use outside the scope of the Program
- N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include, but are not limited to, clothing with negative or hateful language or symbols and shirts or pants that fail to appropriately fit or to cover a participant's body and undergarments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event.

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

IV. Disciplinary Procedures:

A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.

B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:

- 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
- 2) the accused participant is told what factual evidence supports the charge, and
- 3) the accused participant has been given a chance to tell his/her side of the story.

C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.

D. Sanctions may include some or all of the following:

- 1) Verbal warning
- 2) Notification to parents
- 3) Immediate removal from the activity
- 4) Being placed on a behavior contract
- 5) Referral to local law enforcement and/or juvenile court
- 6) Program suspension and/or
- 7) Expulsion from program
- 8) Dismissed participants may not be eligible for a refund of any fees or expenses
- 9) Other sanctions appropriate to the circumstances, as determined by 4-H. E. Appeals

1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.

F. Immediate action situations: 4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

What Disciplinary Actions Typically Resemble For 4-H Rural Life Center Events and Activities

- 1) Verbal warning
- 2) Notification of parents/guardians
- 3) Immediate removal from the activity
- 4) With cooperation from parents/guardians implementing a behavior plan
- 5) Program suspension or expulsion if behavior plan is not upheld
- 6) Dismissed participants may not be eligible for a refund of any fees or expenses

Discipline may involve some or all of the above depending on the severity of the infraction.

All Halifax County 4-H Rural Life Center Events and activities disciplinary procedures are informed by and within the bounds of the North Carolina 4-H Code of Conduct and Disciplinary Procedures.

Parents and guardians, please prepare your children for our 4-H Camp expectations, listening to camp staff and NC Cooperative Extension staff is not optional. The policies we have in place are to keep campers safe and to ensure all have a fun experience while in our care.

Camper Printed Name: -----

Signature of Camper:-----

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date: -----

**NORTH CAROLINA 4-H YOUTH DEVELOPMENT
YOUTH HEALTH HISTORY & AUTHORIZATION PAPER FORM**

CAMPER NAME:

FIRST NAME LAST NAME MIDDLE INITIAL PREFERRED NAME (IF NEEDED)

BIRTH DATE: ____/____/____

HEALTH HISTORY

THE FOLLOWING INFORMATION SHOULD BE COMPLETED BY THE PARENT/GUARDIAN, OR ADULT. THE INTENT OF THIS INFORMATION IS TO PROVIDE NC 4-H THE BACKGROUND TO PROVIDE APPROPRIATE CARE AND TO ASSIST HEALTH CARE PERSONNEL IN THE CASE OF AN EMERGENCY. ANY CHANGES TO THIS FORM SHOULD BE PROVIDED TO NC 4-H. THE 4-H HEALTH HISTORY FORM IS **REQUIRED ANNUALLY**. PROVIDE COMPLETE INFORMATION SO THAT THE NC 4-H CAN BE AWARE OF YOUR NEEDS.

NOTE: YOUTH WHO REGISTER TO ATTEND A "RESIDENTIAL 4-H CAMP" MUST HAVE A HEALTH EXAM COMPLETED BY AN APPROVED LICENSED MEDICAL PERSONNEL WITHIN 24 MONTHS OF CAMP PARTICIPATION AND SUBMIT THE COMPLETED "HEALTH CARE RECOMMENDATIONS BY LICENSED MEDICAL PERSONNEL FOR 4-H CAMP PARTICIPANTS FORM."

EXPOSURE: HAS THE PARTICIPANT PREVIOUSLY HAD:

CHICKEN POX: YES NO **MEASLES:** YES NO **TUBERCULOSIS:** YES NO LIST ANY OTHER INFECTIOUS EXPOSURE (IF YES, PROVIDE DETAILS): YES NO

VACCINATIONS

DATE OF LAST FLU SHOT: _____ **DATE OF LAST TETANUS SHOT:** _____

CARE: PLEASE COMPLETE THIS SECTION WITH THE PARTICIPANT'S MEDICAL AND DENTAL PHYSICIAN INFORMATION. *THIS INFORMATION WILL ONLY BE UTILIZED IF THERE IS A MEDICAL/DENTAL EMERGENCY.

PRIMARY PHYSICIAN NAME: _____ **PRIMARY PHYSICIAN PHONE:** _(____)_____

CLINIC ADDRESS: _____

DENTIST NAME: _____ **DENTIST PHONE:** _(____)_____

REMARKS: LIST ANY ADAPTATIONS NEEDED DUE TO A DISABILITY (EXPLAIN "YES" ANSWERS). YES NO

HISTORY: DOES THIS PARTICIPANT'S MEDICAL HISTORY INCLUDE ANY OF THE FOLLOWING (EXPLAIN "YES" ANSWERS):

ACUTE CHRONIC ILLNESS: YES NO **CONCUSSIONS:** YES NO **ACTIVITY RESTRICTIONS / LIMITATIONS:** YES NO **HAD A RECENT INJURY, ILLNESS OR INFECTIOUS DISEASE :** YES NO **EVER BEEN HOSPITALIZED OR HAD SURGERY:** YES NO

NORTH CAROLINA STATE UNIVERSITY AND NORTH CAROLINA A&T STATE UNIVERSITY COMMIT THEMSELVES TO POSITIVE ACTION TO SECURE EQUAL OPPORTUNITY REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY. IN ADDITION, THE TWO UNIVERSITIES WELCOME ALL PERSONS WITHOUT REGARD TO SEXUAL ORIENTATION. NORTH CAROLINA STATE UNIVERSITY, NORTH CAROLINA A&T STATE UNIVERSITY, U.S. DEPARTMENT OF AGRICULTURE AND LOCAL GOVERNMENTS COOPERATING.

HEALTH INSURANCE: THE 4-H PROGRAM PURCHASES INSURANCE FOR YOUTH PARTICIPANTS FOR MANY SPONSORED EVENTS. THIS COVERAGE IS NOT A SUBSTITUTE FOR PERSONAL HEALTH INSURANCE, AND MAY NOT COVER ALL ACCIDENT OR MEDICAL EXPENSES. THEREFORE, MEDICAL PROVIDERS MAY FIND IT NECESSARY TO BILL THE FAMILY OR YOUR INSURANCE COMPANY FOR MEDICAL SERVICES RENDERED. PLEASE PROVIDE THE FOLLOWING INFORMATION:

COMPANY NAME: _____ **POLICY / GROUP NUMBER:** _____

CONDITIONS: HAS OR DOES THE PARTICIPANT:

HAVE ADD-ADHD? YES NO **HAVE ANXIETY?** YES NO

HAVE ARTHRITIS? YES NO **HAVE ASPERGER'S?** YES NO **HAVE ASTHMA?** YES NO **EVER HAD AN AUTO-IMMUNE DISEASE?** YES NO **EVER HAD BACK PROBLEMS?** YES NO **EVER HAD CHEST PAIN DURING OR AFTER EXERCISE?** YES NO **EVER HAD JOINT PROBLEMS?** YES NO **EVER HAD CONVULSION OR SEIZURES?** YES NO **HAVE DIABETES?** YES NO **EVER HAD DIZZINESS DURING OR AFTER EXERCISE?** YES NO **EVER HAD FREQUENT INFECTIONS?** YES NO **EVER HAD AN EATING DISORDER?** YES NO

HAVE A HISTORY OF BED WETTING? YES NO EVER BEEN DIZZY / PASSED OUT DURING OR AFTER EXERCISE? YES NO HAVE FREQUENT HEADACHES? YES NO EVER HAD A HEAD INJURY? YES NO EVER BEEN DIAGNOSED WITH A HEART MURMUR? YES NO HAD HEPATITIS A, B OR C? YES NO HAVE HYPERTENSION? YES NO HAD MONONUCLEOSIS IN THE PAST 12 MONTHS? YES NO HAD MUMPS? YES NO EVER HAD A NERVOUS DISORDER? YES NO HAVE FREQUENT NOSE BLEEDS? YES NO SLEEP WALK? YES NO EVER HAD A MENTAL DISORDER? YES NO HAVE MIGRAINES? YES NO HAVE SKIN PROBLEMS? YES NO HAVE STOMACH PROBLEMS? YES NO LIST ANY PROGRAM ACTIVITY RESTRICTIONS OR LIMITATIONS (E.G. WHAT CANNOT BE DONE, WHAT ADAPPTIONS OR LIMITATIONS ARE NECESSARY. YES NO EXPLAIN "YES" ANSWERS.

DEVICES:

WEAR CONTACT LENSES? YES NO EPI-PEN (PROVIDE DETAILS)? YES NO WEAR GLASSES OR PROTECTIVE EYE-WEAR? YES NO HEARING AID? YES NO INHALER (PROVIDE DETAILS)? YES NO LIST ANY OTHER DEVICES (PROVIDE DETAILS)? YES NO

NORTH CAROLINA STATE UNIVERSITY AND NORTH CAROLINA A&T STATE UNIVERSITY COMMIT THEMSELVES TO POSITIVE ACTION TO SECURE EQUAL OPPORTUNITY REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY. IN ADDITION, THE TWO UNIVERSITIES WELCOME ALL PERSONS WITHOUT REGARD TO SEXUAL ORIENTATION. NORTH CAROLINA STATE UNIVERSITY, NORTH CAROLINA A&T STATE UNIVERSITY, U.S. DEPARTMENT OF AGRICULTURE AND LOCAL GOVERNMENTS COOPERATING.

ALLERGIES: PLEASE LIST KNOWN ALLERGIES HERE:

ASPIRIN YES NO INSECT STINGS YES NO DAIRY YES NO EGGS YES NO GLUTEN YES NO NUTS YES NO PEANUTS YES NO PENICILLIN YES NO SHELLFISH YES NO SOY YES NO SULFA YES NO SUNSCREEN YES NO TETANUS VACCINE YES NO WHEAT YES NO

LIST ANY ADDITIONAL ALLERGIES HERE: YES NO LIST ANY OTHER DIETARY CONSIDERATIONS HERE: YES NO

AUTHORIZED MEDICATIONS: THE FOLLOWING OVER-THE-COUNTER, NON-PRESCRIPTION, MEDICATIONS CAN BE ADMINISTERED TO MY CHILD, WITHOUT CONTACTING ME.

ACETAMINOPHEN YES NO ANTACID YES NO ANTIBIOTIC OINTMENT YES NO ANTIHISTAMINE YES NO ASPIRIN YES NO IBUPROFEN YES NO IMODIUM YES NO INSECT BITE /STING MEDICATION YES NO INSECT REPELLANT YES NO PEPTO BISMOL YES NO SUNSCREEN YES NO

MEDICAL RELEASE

THIS HEALTH HISTORY IS CORRECT AND COMPLETE AS FAR AS I KNOW. THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL 4-H ACTIVITIES EXCEPT AS NOTED. I HEREBY GIVE PERMISSION TO THE NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM TO ADMINISTER AUTHORIZED / PRESCRIBED MEDICATIONS AND SEEK EMERGENCY MEDICAL TREATMENT INCLUDING ORDERING X-RAYS OR ROUTINE TESTS. I AGREE TO THE RELEASE OF ANY RECORDS NECESSARY FOR TREATMENT, REFERRAL, BILLING OR INSURANCE PURPOSES. I GIVE PERMISSION TO THE NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR THE PERSON HEREIN DESCRIBED.

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM TO SECURE AND ADMINISTER TREATMENT INCLUDING HOSPITALIZATION, FOR THE PERSON HEREIN DESCRIBED. THIS COMPLETED FORM MAY BE PHOTOCOPIED FOR TRIPS OUT OF COUNTY OR STATE.

MEMBER NAME: _____
PARENT / GUARDIAN NAME: _____
 YES, I CONSENT
 NO, I DO NOT CONSENT

NORTH CAROLINA STATE UNIVERSITY AND NORTH CAROLINA A&T STATE UNIVERSITY COMMIT THEMSELVES TO POSITIVE ACTION TO SECURE EQUAL OPPORTUNITY REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY. IN ADDITION, THE TWO UNIVERSITIES WELCOME ALL PERSONS WITHOUT REGARD TO SEXUAL ORIENTATION. NORTH CAROLINA STATE UNIVERSITY, NORTH CAROLINA A&T STATE UNIVERSITY, U.S. DEPARTMENT OF AGRICULTURE AND LOCAL GOVERNMENTS COOPERATING.

CAMPER NAME: _____

MEDICATIONS:

PLEASE LIST ALL MEDICATIONS, EVEN OVER-THE-COUNTER OR NONPRESCRIPTION DRUGS, INCLUDING TYLENOL, PEPTO-BISMOL, BENADRYL, ETC. THAT MAY BE TAKEN. IF ATTENDING OUT OF COUNTY EVENTS, BRING ENOUGH MEDICATION TO LAST THE ENTIRE TIME YOU ARE AWAY. KEEP IT IN THE ORIGINAL PACKAGING/BOTTLE THAT IDENTIFIES THE PRESCRIBING PHYSICIAN (IF PRESCRIPTION DRUG), THE NAME OF MEDICATION, THE DOSAGE, AND THE FREQUENCY OF ADMINISTRATION.

THIS PERSON TAKES NO MEDICATIONS ON A ROUTINE BASIS

THIS PERSON TAKES MEDICATIONS AS FOLLOWS:

MED#1 REASON DOSAGE TIME TAKEN

MED#2 REASON DOSAGE TIME TAKEN

MED#3 REASON DOSAGE TIME TAKEN

MED#4 REASON DOSAGE TIME TAKEN

SCREENING RECORD: FOR CAMP USE ONLY DATE: _____ TIME: _____

MEDS RECEIVED _____

UPDATES/ADDITIONS TO HEALTH HISTORY _____

CURRENT HEALTH NEEDS IDENTIFIED _____

SCREENED BY _____

****THE 4-H RURAL LIFE CENTER WILL NOT REFUND ANY FEES WITHOUT A TWO WEEK NOTICE OF CANCELLATION PRIOR TO THE CAMP BEING ATTENDED OR IF THE CAMPER RETURNS HOME VOLUNTARILY OR IS DISMISSED. THERE WILL BE A CHARGE FOR ALL RETURNED CHECKS.****

PLEASE FILL OUT COMPLETELY AND SIGN THE APPLICATION ABOVE, THEN MAIL IT WITH THE APPROPRIATE FEES TO: (MAKE CHECKS OUT TO HALIFAX COUNTY)

4-H RURAL LIFE CENTER
P.O. BOX 37
HALIFAX, NC 27839
(252) 583-5161



SCAN TO LEARN MORE

