



Kentucky 4-H Camp Medication Form 2023

Participant's Name	County	Sleeping Facility <small>(e.g., cabin #2, yurt #1)</small>	Age	Weight

	Name of Medicine	Dosage	Time of Medicine <small>(Check all that apply)</small>					Notes <small>(e.g., as needed, take w/ food)</small>
			Breakfast	Lunch	Dinner	Bedtime	Other	
1								
2								
3								
4								
5								
6								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form, and (3) a recent photo of the participant. On the outside of the bag write (with a permanent marker) the participant's name, county, and sleeping facility.

OFFICE USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	HCP Review Stamp
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								





Kentucky 4-H Camping Program Waiver of Liability – Immunizations

Participant Name: _____ County: _____

To the best of my knowledge and belief, the person named above is and has been in normal good health and is free from all communicable or contagious disease. Should this participant show symptoms that reasonably indicate the presence of a communicable or contagious disease, I agree that a physical examination/assessment may be performed. I also agree that if any such disease is found, we – the named individual and his/her family – will comply with the quarantine or isolation procedures required of the camp as directed by the state’s Department of Health. It is further understood that, should a communicable disease emergency arise, I will be notified. However, in the event that I cannot be contacted, the camp’s administrator(s) and healthcare staff may take the temporary measures they deem necessary to protect the health status of this participant.

I release and forever discharge the University of Kentucky, the University of Kentucky Cooperative Extension Service, the county Extension District Board(s), the 4-H Camp, Kentucky State University and their trustees, directors, officers, members, agents, employees, volunteers, and assigns from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties.

I understand that my participation in this activity may entail certain anticipated and unanticipated risks regarding personal injury or illness. I further understand and acknowledge that there is currently a COVID-19 pandemic in the U.S. and that there may be health risks associated with entering facilities and/or participating in activities and events owned or operated by the University of Kentucky or the University of Kentucky Cooperative Extension Service. I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries or illness, including COVID-19, that I may incur coincident to my participation in this activity.

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

Parent/Guardian Signature

Date

*The original copy of this form should be attached to the camper’s registration paperwork.





University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service
4-H Youth Development

Pre-Camp Health Screening Campers and Teens

Camper/Teen Name: _____ County: _____

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper/teen daily beginning 14 days prior to departure for camp. The best camp sessions start with healthy "campers" and this begins at home. Please bring this completed form with you to camp check-in.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed health-care provider and contact your county agent for further guidance.

Symptoms:

- Fever or Chills
- Cough
- Shortness of Breath
- Sore Throat
- Muscle or Body Aches
- Headache
- Loss of Taste or Smell
- Fatigue
- Nausea, Vomiting, or Diarrhea
- Congestion or Runny Nose

Parent/Guardian Initial

1. My child has not had a fever of 100.4 or higher, or a sense of having a fever in the last 14 days. _____
2. My child has not developed any of the listed symptoms in the last 14 days that cannot be attributed to another health condition. _____
3. In the last 14 days, my child has not been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19. _____
4. No one in the household has tested positive for COVID-19 in the last 14 days. _____
5. No one in the household is currently waiting on COVID-19 test results. _____

Start Date of
temperature/symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ Symptom							
Day:	7	6	5	4	3	2	Camp Check-in
Temp/ Symptom							

My signature indicates that I completed this health screening daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a safe camp for all participants and failure to provide this document or complete the initial screening at check-in may be grounds for my camper's/teen's dismissal.

Parent/Guardian Signature: _____ Date: _____



HEALTHY CAMP UPDATE

Parent Information from your
Camp Professional and
American Camp Association

A HEALTHY CAMP BEGINS AND ENDS AT HOME!

A healthy camp really does start at home. Here are some things you can do to help your child have a great camp experience.

1. If your child is showing signs of illness such as running a temperature, throwing up, has diarrhea, nasal drainage and/or coughing/sneezing, keep the child home. This greatly reduces the spread of illness at camp but also supports your child's recovery. Know your camp's policy about illness and camp attendance.
2. Teach your child to sneeze/cough in his/her sleeve and to wash his/her hands often while at camp, especially before eating and after toileting. If you really want to achieve impact, teach your child to accompany hand washing with another behavior: keeping their hands away from their face.
3. If your child has mental, emotional, or social health challenges, talk with your county extension agent before camp starts. Proactively discussing a camp's ability to accommodate a child can help minimize – if not eliminate – potential problems.
4. Should your child need a particular nutrition plan because of allergies, intolerances or a diagnosis (e.g., diabetes), note these on the Health History form but also contact the camp to make sure (a) they have noted that need and (b) the camp can address it. Discuss how your child will receive appropriate meals and snacks then explain that to your camper. Should your child be uncomfortable with the plan, arrange for their cabin leader to assist/monitor the process until the child is comfortable.
5. Make sure your child has and wears appropriate close-toed shoes for activities such as high ropes and hiking, and that your child understands that camp is a more rugged environment than the sub/urban setting. Talk with your child about wearing appropriate shoes to avoid slips, trips and falls that, in turn, can result in injuries such as sprained ankle.
6. Send enough clothes so your child can dress in layers. Mornings can be chilly and afternoons get quite hot. Dressing in layers allows your child to remove clothing as s/he warms while still enjoying camp. For rainy days, be sure they've packed a rain jacket or poncho.
7. Fatigue plays a part in both injuries and illnesses – and camp is a very busy place! Explain that camp is not like a sleepover; they need to sleep, not stay up all night!
8. Remember to send sunscreen appropriate to the camp's geographic location and that your child has tried at home. Teach your child how to apply his/her sunscreen and how often to do so.
9. Send a reusable water bottle. Instruct your child to use it and refill it frequently during their camp stay. Staying hydrated is important to a healthy camp experience.
10. Talk with your child about telling their cabin leader, the camp healthcare provider, or extension agent about problems or things that are troublesome to them at camp. These camp professionals can be quite helpful as children learn to handle being lonesome for home or cope with things such as losing something special. These helpers can't be helpful if they don't know about the problem – so talk to them.
11. Should something come up during the camp experience or afterward – you see an unusual rash on your child or the child shares a disturbing story – contact your county extension agent and let them know. Camps want to partner effectively with parents; sharing information makes this possible.

Want to learn more? Talk with your county extension agent or camp director. Build the partnership between you and your child's camp leadership team. It's one way to help your child have the best camp experience possible!

Revision Date: March 2020

Revision done by nurses associated with the Healthy Camps initiative, ACA and ACN: Linda Erceg, Mary Marugg and Tracey Gaslin.

This PDF is intended for camp professionals to distribute to their campers' parents/guardians.

