

4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT FOR NC 4-H SPONSORED EVENTS

Medical Information

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

Known allergies to foods, drugs, insect stings or bites, e	tc:
Special medical concerns or conditions that event super diabetes, previous injuries to bones/joints, etc.:	visors should know about, including contagious illnesses, epilepsy, asthma,
List special dietary needs:	
Medications currently being taken (name of medication frequency):	
Family Physician: Name	Phone # ()
Address	
II.	Insurance Information
The 4-H program purchases insurance for youth particle pay for some medical expenses and it may be necessary	pants for many sponsored events. In some cases, this coverage will not to bill the family or your insurance company.
Health Insurance Company	Health Insurance Company Address
Policy #	Company Address Phone Company Telephone
Number ()	
	ии.
If you are a person with a disability and desire any assi please contact [name, office] at accommodations at least [hours/days] price	stive devices, services or other accommodations to participate in this activity [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discusor to the activity.
Signatures	Acknowledging Parts I, II, and III
Parent's/Guardian's signature	Date:
Participant's Signature:	Date:
Parent/Guardian telephone #: Home	Work
Must be completed each year by 4-H'er and Parent/Guardian. If he	1of 2 alth history changes within that year, it is the 4-H'er & Parent/Guardian's responsibility for upda information.

Approved as of 3/02/06

2019 MADISON COUNTY 4-H SUMMER CAMPS



4-H Cloverbud Camp: June 17-21 (ages 5-8, 9am-12noon) \$30

This camp is designed for our littlest campers and features a different theme each day! We'll discover the wonders of science, agriculture, cooking and culminate the experience with a 4-H field day! Morning snacks are provided as part of this day camp!

4-H Cooking Up Science Day Camp: June 24-28 (ages 8-11, 9am-12noon) \$40

Participants will explore basic biology, chemistry, and physics using common items from the kitchen. We'll make rock candy, mix up some cornstarch goo, and extract iron from your morning cereal!

4-H Junior Residential Camp: June 30-July 5 (ages 8-13) \$450



Participants travel to Betsy-Jeff Penn 4-H Educational Center in Reidsville to spend the week learning about and enjoying the outdoors by swimming, canoeing, hiking, horseback riding as well as challenging themselves with a climbing wall, ropes course, and archery! The county's Extension 4-H Agent attends with the kids to provide a seamless experience - especially for the first time camper! Transportation, meals, lodging, snacks, souvenir t-shirt, instruction, and insurance is provided in the cost.

4-H Kids as Chefs Camp: July 8-12 (ages 10+, 9am-1pm) \$80

From farm to table, participants learn about local foods while honing their culinary skills! We'll explore foods that are grown locally by making farm visits and talking with growers, prepare and enjoy lunch together and delve into focusing on food preservation! Participants will make their lunch as part of this experience!



4-H Magicians Laboratory: July 15-10 (ages 8-11, 9am-12pm) \$40

This day camp involves writing with invisible ink, learning the secret behind the famous table cloth trick, and discovering many fantastic magic tricks and famous magicians. We'll explore gravity reactions, optical illusions, and learn about the cool science behind magic! Our friends and family will be amazed with the performance of magic at our magic show on the last day of camp!





For registration information please call us at 828-649-2411 or visit us online at www.ces.ncsu/madison and www.facebook.com/MadisonCo.NC4H



4-H Enrollment Form



Name of 4-H Group/Unit:				Year:	
Iember Name:	Middle	Last			
ddress:					_
Street Address	City		State	Zip Code	
hone:()	Email:		Cou	inty:	
Gender*: □ Male □ Fema	ale Date of Birth:	Grade:	School Atte	nding:	
fre-enrolling in 4-H, how	many years have you b	oeen in 4-H:	<u> </u>		
Oo you live*: ☐ Farm Choose only one) ☐ Town un ☐ City 10,0	der 10,000 people or rural r 000-50,000 people	non-farm 🗖	City over 50,000 p Suburbs of city over Military installation	•	
Oo you have parent/guard f yes, circle all that apply: A Cthnic group:* A. Choose C	Army Air Force Navy One: Hispanic or	Marines Coast Gua	rd National Guar	d(Air & Army) Reserves	3
	nat apply: or Caucasian or African-American	☐ Asian ☐ Native Ha	waiian or other Pac	ific Islander	
☐ Ameri	can Indian or Alaska Native	e 🚨 Other		_	
arent or Guardian:		Middle	Last		_
Address:			Last		
Street Address	Ci	ity	State	Zip Code	-
Phone: Area Code Daytime/Cell p		Tome phone) Email (if	applicable)	-
Additional Parent or Guar	dian:	Middle	Last		_
Address:	rnst	Middle	Last		
Street Address	C	lity	State	Zip Code	_
Phone: Area Code Daytime/Cell p	hone Area Code, H	Iome phone)	applicable)	
I. A parent or guardian sho					I programs
xtension educational, promotiona	I agree to allow I, and/or marketing materials. I do not wish fo	4-H to take photograp Neither individual add	ns/audio/video of my resses nor telephone r	child for use in 4-H and other	N.C. Cooper hin these mate
xtension educational, promotional 2. The enrolling youth is bound be ne/she has received and reviewed	y the NC 4-H Code of Conduc				ould initial her
*This information is required fo aws; your responses will not aff	fect consideration of your app				
administered in a nondiscrimina	uory manner.	COLLEGE OF		For office us	se only
	Acni	ICULTURE & LIFI	SCIENCES	4-H Membership # Date entered:	

NC STATE UNIVERSITY

Revised

Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. 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, or 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.

2019 4-H Summer Adventures

Registration information-4-H membership is not required

The following is required for registration in 4-H Summer Adventures activities:

- Completed 4-H Summer Adventures Registration
- · Completed 4-H Medical Release and Photo Release*
- Payment in FULL
- · Registration deadline is June 3, 2019
- Unless otherwise specified all 4-H Day Camps will be held at the Madison County Cooperative Extension Center, 258 Carolina Lane, Marshall, NC 28753
- · No registration will be taken over the telephone.
- · All class fees are nonrefundable unless a class is filled to capacity or cancelled.

*Medical release is NOT required if you are currently enrolled in Madison County 4-H.

REGISTRATION

Participants Name:	Grade in School	(Fall2019)	
Parent/Guardian's Name:	Date of Bir	th	
Mailing Address:			
Primary Phone:Daytim			
Email:			
Add'l Emergency Contact Name			
I want to enroll in the following 4-H Summer Adventu	res Programs:	Checks should be made payable Madison County 4-H-Call the office	
4-H Cloverbud Day Camp June 17-21 (ages 5-8, 9	9am-12noon) \$30.00	828.649.2411 if you have any furth questions. Bring or mail all forms	
4-H Cooking Up Science Day Camp (ages 8-11, 9	∂am-12noon) \$40.00	registration fees to Cooperative Extension Center, 258 Carolina La	
4-H Kids as Chefs Day Camp (ages 10+,9am-1:00	Эрт) \$80.00	Marshall NC 28753.	
4-H Magicians Laboratory Day Camp (ages 8-11,	9am-12noon) \$40.00	total	
TRAVEL &	PHOTO RELEASE		
has my permission to be tra and from these events. I realize that all physical a County Cooperative Extension of all liability shoul	ctivities have some risk of i	ty Cooperative Extension staff to njury and release Madison	
A parent or guardian should sign below whicheve 4-H summer programs. I agree to allow 4-H to take			
other NC Cooperative Extension educational, pro addresses or telephone numbers will be publishe for 4-H to take photographs of my child for use in	motional, and/or marketing d within these materials	materials. Neither individualI do not wish	
promotional, or marketing purposes.			
Parent/ Guardian Signature		Date	