

Bugs and More Camp Application

Please return by March 19, 2012.



Camper's Name: _____

Parent Email address: _____

Military Member's Branch of Service and Component:

Active Duty

Reservist

National Guard

Air Force

Army

Coast Guard

Navy

Marine Corp

Adult Shirt Size:

Small

Medium

Large

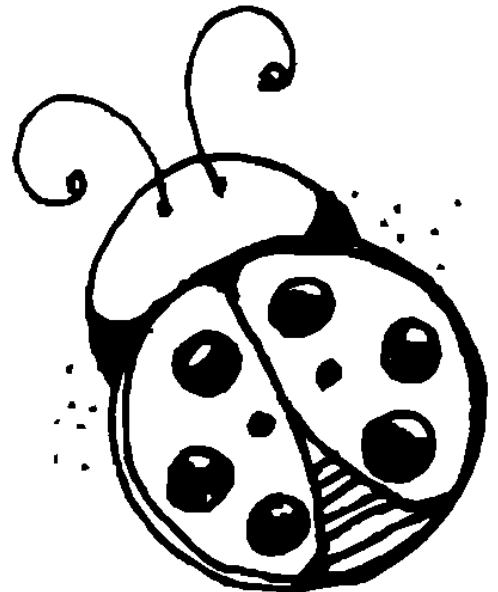
XL

XXL

Emergency Contact (name and #): _____

Alternate Emergency Contact (name and #):

Anything else we need to know to have a successful camp?:



Make \$15 check payable to the *Tennessee 4-H Foundation*:

Send to:

Carrera Romanini
2621 Morgan Circle, 205 Morgan Hall
Knoxville, TN 37996

The 2012 OSD/OMK Camp Grants are funded through a partnership of the Department of Defense, Office of the Secretary of Defense, Military Community & Family Policy, Office of Family Policy/Children and Youth and 4-H National Headquarters/National Institute of Food and Agriculture/U. S. Department of Agriculture under Kansas State University special project number 2010-48713-21882.



MORANDUM: Child and Youth Behavioral Military & Family Life Counselor at Camp

FROM: (Camp Director)

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Behavioral Military & Family Life Counselor (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to service members, families, children, and staff of Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Activities (LEA), and DoDEA/CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps.
2. The CYB-MFLC may support staff and work with children and families in the following ways:
 - a. Observe, participate, and engage in activities with children and youth
 - b. Provide direct intervention with children
 - c. Model behavioral management techniques and provide feedback to staff
 - d. Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - e. Outreach to parents
 - f. Facilitate psycho-educational groups
 - g. Conduct training for staff and parents
 - h. Recommend referrals to military social services and other resources as needed.
3. CYB-MFLCs may assist parents, teachers, staff, and children with the following issues:
 - Communication
 - Resolving conflicts
 - Managing anger
 - Bullying
 - Self-esteem/self-confidence
 - Behavioral management techniques
 - Sibling/parental relationships
 - Deployment and reintegration issues

The consultant is available to accommodate appointments and meetings/activities after hours and on the weekend with advance notice.

At no time will the consultant meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

- The CYB-MFLC may use only materials for trainings, groups, and other activities that have been approved by DoD.

I acknowledge that a CYB-MFLC is available and authorize my child _____, to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE

I acknowledge that a CYB-MFLC is available and DO NOT authorize my child, _____, to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE

OSD/OMK CAMP Evaluation for 2012
Virginia Tech
Family and Community Research Lab Procedures



We are asking for your permission to let your child also participate in a camp evaluation. The goal of evaluation is the continuation of high-quality youth development programming and support for military families. We ask that you allow your child to complete a survey if they are between the ages of 6 and 18. The survey for the younger children (6-9) takes approximately 10-14 minutes to complete. The survey for the older youth (10-18) takes approximately 5-10 minutes to complete. This survey will be given to them on the last day of camp.

Children between the ages of 6-9 will receive help to complete the survey. Facilitators will read the questions out loud and answer any questions regarding what questions or answer choices on the survey mean.

Your child's participation is voluntary and the information they provide will be kept strictly confidential. All campers are free to withdraw from completing this survey at any time without penalty. All campers are free to not answer any questions they choose without penalty.

Facilitators will be available to help campers answering any questions and addressing any concerns they may have about the survey.

Please sign and provide the requested information below to allow your child to participate in completing this survey.

Signature

Child's Name (please print)

Date

Activity and Event Acceptance Form

Please print

Name _____
(Last) (First) (M.)

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

Activity and Event Acceptance Form for _____
(event or activity)

A. Identification of Participant

Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____

Home Address _____
(Street/P.O. Box) (City) (State) (Zip)

Cell Phone (_____) Daytime Phone (_____) Nighttime (_____) _____

Work Place Address _____ Phone (_____) _____
(Address/City/State/Zip)

Other Emergency Contact (if appropriate) _____
(Name)

_____ (_____) _____
(Address/City/State/Zip) (Phone, if different than above)

B. Code of Conduct

This 4-H activity or event is planned, conducted and supervised by UT Extension. All participants are responsible for their conduct to UT Extension personnel and/or 4-H volunteers supervising the activity or event.

Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone (____) _____

Family Medical/Hospital _____
 (Carrier) _____ (Policy or Group #) _____

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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Check all that apply

Is participant allergic to the following drugs?:

- Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

- Asthma Heart Trouble Nose Bleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> Tuberculosis

E. Health and Safety Investigations

Onsite authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

Check here if your child, _____, will have the following medications and is
(Name of Participant)

competent to self-administer them under appropriate supervision. Medications should be sent to the event or activity in the original pharmacy container and include the following information:

- Name of child
- Name of medication
- Dosage and directions
- Name of licensed prescriber (*if applicable*)
- Name, address and phone number of pharmacy (*if applicable*)
- Prescription number (*if applicable*)
- Date prescription was filled (*if applicable*)

Photo of
Participant

You must attach a photo if you are bringing medication.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize University of Tennessee and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee and its representative(s) or agent(s) to provide the medical history form to healthcare personnel. I authorize any physician, healthcare provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photostatic copy thereof is equally valid as an authorization.

I recognize that the event's sickness and accident insurance does not provide full coverage for participants in this activity or event. I accept responsibility for payments of those medical costs incurred for injuries or illnesses that are not covered by the University of Tennessee's insurance.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

** If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) (Month/Day/Year)

Signed _____ Date _____
(Participant's Signature) (Month/Day/Year)

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.
Revised 1/09