

**2010 Multnomah-Washington Camp  
Staff Health Card and Cod of Conduct**

Staff Name \_\_\_\_\_ Name of Camp \_\_\_\_\_

**OREGON 4-H YOUTH HEALTH CARD**  
(to be completed by parent, physician or adult participant)

<b>Is the participant currently under medical treatment?</b> (describe)	Yes	No	<b>Does the participant have any history of respiratory illness?</b> (describe)	Yes	No
<b>Is the participant diabetic?</b>	Yes	No	<b>Is the participant subject to seizures of any kind?</b>	Yes	No
<b>Date of last tetanus shot?</b>					
<b>Is there any medical condition (heart condition, ulcers, etc.) or malformation now existing that may require treatment or affect the participant's participation in this program?</b> (describe)				Yes	No
<b>Has the participant had recent surgical operations or accidents or been exposed to infectious disease</b> within the last two weeks? (Please bring notification to the activity if this changes prior to the event)				Yes	No
<b>Does the participant have any allergies or dietary restrictions?</b> If yes, please describe: <input type="checkbox"/> Hay Fever <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Nut allergies <input type="checkbox"/> bee allergies <input type="checkbox"/> animal allergies <input type="checkbox"/> Gluten Intolerant <input type="checkbox"/> Other (explain)				Yes	No
<b>Mental, Emotional and Psychological Health</b> <ul style="list-style-type: none"> <li>This camper has an emotional health concern that will impact camp participation</li> <li>This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder</li> <li>This camper has a significant life event that continues to affect the camper's life/health</li> <li>This camper uses an individualized learning plan at school</li> </ul>				Yes	No
				Yes	No
				Yes	No
				Yes	No
If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g. physician, psychiatrist, therapist) that address the preceding with regard to your child's participation at camp.					
<b>Special Youth Considerations:</b> <input type="checkbox"/> sleepwalker <input type="checkbox"/> bed wetter <input type="checkbox"/> homesickness <input type="checkbox"/> other _____					
<b>Any restrictions to physical activity?</b>					
<b>Name of all medications including over the counter medications:</b>					

## 4-H Activities CODE OF CONDUCT

The mission of 4-H is to teach subject matter and life skills through a process that helps young people meet key developmental needs. To do this, 4-H must create an environment that is conducive to learning and growth. Consequently, 4-H requires that members adhere to certain standards of behavior and conduct as they participate in 4-H. The following are expected of all members.

- Members must demonstrate a commitment to the vision, mission, and core values of the Oregon 4-H Youth Development Program. Actions not in the best interest of 4-H will not be tolerated.
- Show respect and courtesy to other youth, adults, volunteers, and Extension faculty and staff.
- Use language that is appropriate and respectful of others. No swearing is allowed.
- No harassment, bullying or hazing, discriminatory language, roughhousing, or insubordination will be tolerated.
- All members are expected to abide by Federal, state, and local laws. They are also expected to abide by policies and guidelines of the Oregon State University, OSU Cooperative Extension Service, and the Oregon 4-H Youth Development Program.
- Members are expected to know and follow rules established for specific events and are expected to attend all parts of a planned program.
- Participants in 4-H activities or events are not to leave the assigned program area (campsite, campus, cabins, or dormitories) at any time without written permission from the person in charge except when movement to another location is part of the planned program.
- Members must dress appropriately for the occasion. Many times, dress codes describe what is considered acceptable attire for a specific event or activity.
- Members are expected to treat animals humanely and provide appropriate animal care.
- Youth old enough to legally operate motor vehicles (including machines and equipment) may do so only with a valid operator's license, and the legally required insurance coverage. Members must have both authorization from the 4-H staff member in charge of the event and parental permission to drive to out-of-county events. Members must operate vehicles in a safe and responsible manner. All passengers must wear seat belts.
- Members must show respect for the property and facilities used during an event or activity and will assume responsibility for any damage they cause.
- During overnight activities, members are expected to observe hours designated to be in the rooms provided. Boys are not allowed in areas designated for "girls only" nor are girls allowed in areas designated for "boys only."
- Members will not use tobacco, alcohol, drugs (except those directed by a doctor) or fireworks or remain in the immediate area where these are being used.
- Members may only handle firearms in secured, designated areas under direct supervision of a trained 4-H Shooting Sports Volunteer.
- 4-H events encourage interaction among peers, but not exclusively with another person. Kissing and other sexual displays of personal affection distract from the group and are not appropriate behavior.



Camp Name \_\_\_\_\_

Camper Name \_\_\_\_\_

PARENTAL SIGNATURE  
PLEASE INITIAL AND SIGN BELOW

\_\_\_ AUTHORIZATION FOR MEDICAL CARE

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for my child as named on this form. I will assume all financial obligations incurred if not covered by insurance

\_\_\_ MEDIA RELEASE

- I give permission to use member's image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
- I give permission to release member's name and hometown to news media for recognition purposes.
- I give permission for the member to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that the member may choose not to participate in surveys.

\_\_\_ CODE OF CONDUCT

I have read and agree to the 4-H Code of Conduct on page 3. I understand that violations may result in loss of eligibility of my child to participate in future 4-H Youth Development events and activities or loss of membership privileges. Violations while participating in out-of-county events may result in the member being sent home at the expense of the parent or guardian

\_\_\_\_\_  
*parent signature*

\_\_\_\_\_  
*date*

YOUTH SIGNATURE  
PLEASE SIGN BELOW

MEDIA RELEASE

- I give permission to use my image and voice on videotape, audiotape, film, photograph, or in any other medium, including the World Wide Web for educational, fundraising, or promotional purposes.
- I give permission to release my name and hometown to news media for recognition purposes.
- I give permission to participate in and/or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I may choose not to participate in surveys.
- I understand that I will be asked for my verbal assent before completing a survey or an evaluation.

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\_\_\_\_\_  
*Youth Signature*

\_\_\_\_\_  
*date*

**Mail, hand deliver or fax completed form to:**

OSU Extension 4-H Camp  
3421 SE Salmon  
Portland, OR 97214  
FAX: 503-916-2676