



# 4-H Junior Wildlife Stewards Camp

A program of Oregon State University Extension



## Teen Application

Your Name: \_\_\_\_\_ (as you would like to be called at 4-H camp)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Are you a Boy Girl Birth date \_\_\_\_\_ Grade completing June, 2003 \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_  
 Alternate Phone Numbers (Cell, pager, relatives) \_\_\_\_\_  
 T-shirt size: Youth Med Youth Large Adult Medium Adult Large Adult X-Large  
 How did you hear about 4-H Junior Wildlife Stewards Camp: \_\_\_\_\_

## 4-H CAMP CODE OF CONDUCT

Your participation in 4-H camp carries some responsibilities. You are expected to conduct yourself in a manner that reflects well on your cabin group as well as yourself. Your **contribution** to the program is as important as what you **receive** from the program. By signing this Camp Code of Conduct you agree to participate as specified below.

1. You are expected to attend **all** parts of the planned program. Inform those in charge if you are not feeling well or have a schedule conflict.
2. Observe hours established and be in your cabin. Boys are not allowed in "girls' only" designated areas nor girls in "boys' only" designated areas.
3. Dress appropriately for the occasion. At all times be courteous, clean and display good manners. Language must be appropriate and respectful of others. No swearing.
4. Participants are not to leave the assigned program area (Example: cabins, campsite, etc.) at any time without written permission of the Camp Director.
5. Participants **will not** use tobacco, alcohol, drugs (except those directed by doctor), fireworks or firearms or remain in the immediate area when they are being used.
6. Vandalism, shoplifting or theft of public or personal property will **NOT** be tolerated.
7. Avoid roughness and damage of room furnishings, buildings, equipment, etc. Occupants of a cabin are responsible for any damage or misconduct.
8. Practical jokes at 4-H camp will not be allowed or tolerated.

### VIOLATORS MAY EXPECT:

- To have the opportunity to explain actions to staff in charge.
- Behavior that is disruptive to the event will be noted and parents will be called
- Violation may result in dismissal and the offender being sent home at parental expense.
- Violations involving number 5 and 6 above will result in the offender being sent home at the earliest convenience at their parents' expense.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and mail or fax to:**  
 4-H Wildlife Stewards Camp  
 211 SE 80<sup>th</sup>,  
 Portland, OR 97215  
 (Fax: 503-725-2020)

# OREGON 4-H HEALTH CARD

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Name \_\_\_\_\_  
Family Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Under a doctor's care now?  Yes  No If "yes", please explain \_\_\_\_\_

## MEDICATION

*All drugs administered at camp (prescription and non-prescription) must be listed on this form. If other drugs are added after this form is turned in, please send written instructions to the camp nurse with your child with the medication. Campers must furnish their own medication. All medicines must be listed to be administered, including aspirin.*

Date of last tetanus shot: \_\_\_\_\_ Have school immunizations been met at child's school?  Yes  No  
Prescription Drugs (list): \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Date prescription was last filled: \_\_\_\_\_  
Non-Prescription Drugs (list): \_\_\_\_\_  
Reason for Medication: \_\_\_\_\_  
Allergies to Medication: \_\_\_\_\_

## SPECIAL CONSIDERATIONS

- |                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Diabetic  | <input type="checkbox"/> Blind        | <input type="checkbox"/> Sleepwalker         | <input type="checkbox"/> A.D.D./A.D.H. |
| <input type="checkbox"/> Epileptic | <input type="checkbox"/> Deaf         | <input type="checkbox"/> Heart Condition     | (Hyperactivity)                        |
| <input type="checkbox"/> Ulcers    | <input type="checkbox"/> Hay Fever    | <input type="checkbox"/> Respiratory Illness |  |
| <input type="checkbox"/> Bedwetter | <input type="checkbox"/> Homesickness | <input type="checkbox"/> Other               |  |

Any restrictions on physical activity? If so, please explain \_\_\_\_\_  
Special dietary requirements \_\_\_\_\_  
Allergies(food, bee stings, etc.): \_\_\_\_\_  
Does the camper have any physical or mental limitations, which may require special attention? Please explain: \_\_\_\_\_

**IMPORTANT:** Please notify us if this child is exposed to any communicable diseases or there is a change in the child's health status within 3 weeks prior to camp.

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

In the case of an emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the person in charge of the 4-H event to transport, hospitalize, secure emergency treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
parent or guardian

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Other Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

## PERMISSION TO PHOTOGRAPH

I authorize camp staff and/or their designee(s) to record on videotape and/or still photography my child, (name) \_\_\_\_\_ and to use, and to authorize others to use, such recordings and photographs for general educational and promotional purposes. Further, I understand there will be no remuneration for any appearances, use or displays.

\_\_\_\_\_  
parent/guardian signature

\_\_\_\_\_  
date