

## 4-H Required Paperwork

Camden County 4-H  
P.O. Box 309  
Woodbine, GA 31569  
912-576-3219  
Fax 912-576-3473

Hello Parents,

The following paperwork is required for 4-H'ers to participate in 4-H activities.

The first page is the Code of Conduct, please read over these behavior guidelines and consequences with your child and have him or her sign it and you sign it in agreement. There is also a picture and video release at the bottom of the form.

The second page is the Medical Information and Release Form, please complete this form with the most accurate information possible.

The third page is a description of the over the counter medications we carry in our first aid kit. Per UGA regulations, we are only able to dispense medication, even over the counter medication, with approval of parent/guardian or a medical professional. You should list the items individually on the medical forms attached that you give us permission to give your child. If you have specific over the counter medication you plan to send with your child, you must still list them on the attached form. You would send those items with your child in a zip lock bag with the child's name on the bag. We will collect these bags at camp check in.

**Parents you must rewrite every medication in our first aid kits that you give us permission to give your child, if an over the counter medicine that you use often is not listed, please write it in and send it with your child. You can't check the things we can give your child or circle the items that can be given.**

The following pages are to list all over the counter and prescription medication that your child needs. With the prescription medication, please be very specific with the medications including the time of the day the medication should be taken and if it needs to be taken with food or a specific type or amount of liquid.

**Please complete this paperwork and return it to us by mail, by fax to 576-3473, or by bringing them to the 4-H office in Woodbine.**

Thank you,

Amber Bishop  
Camden Co. 4-H Agent

Robert Castleberry  
Camden Co. 4-H Program Associate

# GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____	
Address: _____	Phone _____	
School: _____	Grade: _____	Year: _____

## BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

## CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

***If 4-H'ers are found participating in actions listed below, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident.*** In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

***If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior.*** 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks

## PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

\_\_\_\_\_  
4-H'ers Signature

\_\_\_\_\_  
Date

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone



# Georgia 4-H Medical Information & Release Form



Event or Activity \_\_\_\_\_ Date of Event/Activity \_\_\_\_\_

## 4-H'ers Information

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Information

*The following information is requested in case of accident or illness to better treat your child. The information is optional and not required for participation in the 4-H event or activity.*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Allergies \_\_\_\_\_

Describe any recent illness or injury \_\_\_\_\_

Describe any pre-existing conditions \_\_\_\_\_

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, transportation to/from event, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used by the Board of Regents of the University System of Georgia by and on behalf of the University of Georgia in print or electronic form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**INSURANCE COVERAGE INFORMATION** (to be completed by county Extension personnel) Insurance for the event/activity has been purchased as indicated. For complete details of coverage, please contact the county Extension Office.

\_\_\_ Insurance for Summer Camp at Georgia 4-H Centers \_\_\_\_\_ American Income Life Insurance (Plan 3)

\_\_\_ American Income Life Insurance (Dollar a Year Plan) \_\_\_\_\_ Other Insurance Plan

**PLEASE COMPLETE BOTH SIDES**

# Over The Counter Medication Permission Form

Per UGA regulations, we are only able to dispense medication, even over the counter medication, with approval of parent/guardian or a medical professional. We will have the following items in our first aid kit. You may list these items individually on the medical forms attached or you may list your own items on the form and send those items with your child in a zip lock bag with the child's name on the bag. We will collect these bags at check in. We still will have to have the information written on the form.

Parents you must rewrite every medication in our first aid kits that you give us permission to give your child, if an over the counter medicine that you use often is not listed, please write it in and send it with your child. You can't check the things we can give your child or circle the items that can be given.

4-H'ers Name \_\_\_\_\_

Age \_\_\_\_\_ Weight for dosage purposes \_\_\_\_\_ Gender \_\_\_\_\_

Parents Name \_\_\_\_\_

**If you want us to call you for any over the counter medications to be given to your child, please list detailed contact information and what times you can be contacted at that number.**

4-H Staff and Volunteers can reach me at the following numbers during the following times:

\_\_\_\_\_

**Do Not call me during the following hours:** \_\_\_\_\_

## Medicines in first aid kit:

Name	Size	Recommended Dosage
Jr. Strength Acetaminophen Equate Brand	160 mg	Based on Weight 60 – 71 lbs – 2.5 tablets 72- 95 lbs – 3 tablets 96 and over lbs – 4 tablets Every 4 hours as needed
Equate Brand Regular Acetaminophen Extra Strength	500 mg	For children 12 Years and Over: Take 2 Tablets Every 6 Hours As Needed.
Equate Brand Regular Ibuprofen	200 mg	For children 12 and older 1 tablet every 4 – 6 as needed.
Equate Allergy Medication compare to Benadryl Allergy	25 mg	For children 12 and older 1 to 2 capsules every 4 – 6 hours.
Children's Pepto Bismol	400 mg	Based on Weight 45 – 95 lbs – 2 tablets Do not exceed 6 in 24 hrs.
Pepto-Bismol Caplet Take with water	262 mg	For children 12 years and over: 2 caplets every 1/2 to 1 hour as needed. Do not exceed 8 doses (16 caplets) in 24 hours.
Pepto-Bismol Chewable Tablet, Chew or dissolve in mouth	262 mg.	For children 12 years and over: 2 tablets every 1/2 to 1 hour as needed. Do not exceed 8 doses (16 tablets) in 24 hours.
Chloraseptic Sore Throat Drops		Children 6 Years Of Age And Over: Take 1 Lozenge Every 2 Hours As Needed. Allow Lozenges To Dissolve Slowly In The Mouth.
Equate Triple Antibiotic Ointment		Apply small amount on area 1 – 3 times daily
Lanacane Anti-bacterial First Aid Spray	Relieves pain and itching and prevents infection from minor cuts, scrapes, burns	Spray small amount on wound 1 -3 times daily
Aloe After Sun Gel	To relieve sun burned skin	Apply as needed
Generic Anti-Itch Cream	To relieve itch from insect bites and/or rashes	Apply as needed

# Over the Counter & Prescription Medication Summary



4-H'ers Name \_\_\_\_\_

County \_\_\_\_\_

Please list any/all medication currently being taken by the 4-H'er including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. 4-H personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. 4-H'ers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel. Additional copies of this page may be made as necessary.

**Name of Medication:** \_\_\_\_\_

**Illness/condition is medication being taken for:** \_\_\_\_\_

**Describe dosage and special instructions:** \_\_\_\_\_



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I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered to as directed.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE BOTH SIDES**

# Over the Counter & Prescription Medication Summary



4-H'ers Name \_\_\_\_\_

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Parent's signature

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Date

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