



Wisconsin 4-H  
Division of Extension

## Winnebago County 4-H Cloverbud Camp

August 18, 2023

For all youth in 5 year old Kindergarten through second grade  
2022-2023 school year

Date: \_\_\_\_\_ Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F (Circle one) Grade: \_\_\_\_\_

2022-2023 School Year

E-Mail Address: \_\_\_\_\_

4-H Member: ☐ Yes ☐ No 4-H Club Name: \_\_\_\_\_

**WHEN:** Friday, August 18, 8:30am- 3:30pm

**WHERE:** Heckrodt Wetland Reserve

**COST: \$35.00 per camper** - Includes lunch, snacks, all supplies, programs and T-Shirt AND bussing to Heckrodt.

**TRANSPORTATION:** Bus will leave JPCC at 8:30 am

**ACTIVITIES:** Songs, games, Heckrodt program and learning, crafts, and so much more!

**Residence (check one):**

1. ☐ Farm 2. ☐ Rural/10,000 3. ☐ Town/10,000-50,000 4. ☐ Suburbs/50,000> 5. ☐ City/50,000>

**Ethnic (check one):** 1. ☐ Hispanic 2. ☐ Not Hispanic

**Race (check all that apply):** 1. ☐ White 2. ☐ Black 3. ☐ Alaskan/American Indian 4. ☐ Asian  
5. ☐ Hawaiian/Pacific Islander 6. ☐ Two or more

**T-Shirt – Youth Sizes Only:** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_

I require an accommodation for a disability to participate in this program. ☐ Yes ☐ No

Please note that Winnebago County UW-Extension may be taking videos and pictures of the participants at this event. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

*My child has my permission to attend 4-H Cloverbud Day Camp from Friday, August 18, 2023.*

Parent/Guardian Print: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

To guarantee a spot at camp, return this form with the \$35 per camper fee by Tuesday, August 1, 2023

*Make check payable to: Winnebago County 4-H Leaders Association*

Return to: **Extension- Winnebago County, Cloverbud Camp Registration, 625 E Cty Rd Y, Suite 600, Oshkosh WI 54901**

NOTE: Entire camp fee is returnable if cancellation is made **15 days before camp**. No refunds will be made for cancellations after that except for medical or family emergencies. All information on this form will be kept confidential with the Camp Staff and Camp Volunteers.

The University of Wisconsin-Madison Division of Extension provides affirmative action and equal opportunity in education, programming and employment for all qualified persons regardless of race, color, gender, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental, arrest or conviction record or veteran status.

**For Office Use Only**

\_\_\_\_\_ Payment received

\_\_\_\_\_ Check #



UW-MADISON EXTENSION

# Youth Event Health Form

Event Name: \_\_\_\_\_

Dates: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on 1<sup>st</sup> day of event \_\_\_\_\_ Sex: ☐ Male ☐ Female

Custodial Parent/Guardian (or spouse) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Second parent/guardian  
and/or emergency contact: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check)	List specifics
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?	
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?	
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)			

Name of Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**UW – Madison Extension**  
**Youth Event Health Form (Continued)**

Participant Name: \_\_\_\_\_

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

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.**

Acetaminophen (Tylenol): ☐ Yes ☐ No

Hydrocortisone (anti-itch) cream: ☐ Yes ☐ No

Benadryl: ☐ Yes ☐ No

Ibuprofen: ☐ Yes ☐ No

Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?

# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

## TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s) has been brought to event/camp.
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

This is the approved health form for 4-H events and camps.