



*Join us for a fun
ride this summer
at
Camp Cartoon -
Finding the Humor
in Life*

Attention! Caregivers!

Join us as we "Find the Humor in Life" this summer at Canter's Cave! Life sometimes is hard, but being able to find a reason to laugh makes everything better!

Ohio State University Extension proudly offers this camp for individuals with multiple handicaps ages 8-18. This camp will be held at the Elizabeth L. Evans Outdoor Education Center/ Canter's Cave 4-H Camp near Jackson, Ohio. Each camper will need to be accompanied by a caregiver.

- **When:** July 27-29, 2018
- **Check-in time:** 3:00-3:30 on Friday, July 27 @ the Main Lodge (Cartoon Central)
- **Check-out time:** 11:30 a.m. on Sunday, July 29
- **Youth fee:** \$80.00
- **Caregiver fee:** \$41.00 for the camp
- **REGISTRATION FORM:** See attached! Return registration forms to Tiffin County Extension Office by **July 2nd, 2018**



Camp Forms:

Included in this packet are forms that must be completed: Activity Release, Medical Form (both youth and caregiver need to complete), Standards of Behavior. Also feel free to provide any additional information that will help us better prepare for your camping experience.

Please bring your registration and payment to camp!



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COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



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CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.

Basic Information:

Camp Location

Camp is at the Elizabeth L. Evans Outdoor Education Center - Canter's Cave 4-H Camp. Camp is located on Caves Road off S.R. 35 about 7 miles West of Jackson. There is a green Canters Cave 4-H Sign along the road just before you turn right on Caves Road.

What to Bring to Camp

- comfortable attire
- swim wear
- towels, washcloths, toiletries
- sleeping bag & pillow or blanket & sheets (twin size)
- light jacket or sweatshirt (air conditioned building)
- *NOTE: Lifts, shower chairs and changing tables are available*

Camp Activities

Youth are invited to participate in swimming, fishing, swings, archery, and horseback riding. Accommodations are available for these activities. The weekend agenda also includes music therapy, science, arts and crafts, parachute games and more. Children and caregivers are free to participate at their own pace and choosing.

For more details...

Contact Michelle Stumbo (Meigs County Extension Office) at 419-40-JJ or email her at stumbo.5@osu.edu.



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Help us prepare and be aware of your child's special requirements.
If necessary, feel free to add another sheet of information.

If you are a return Camper, you can simply provide any updates since last June.

Please give us a brief medical history and description of current diagnosis:

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qt 'lp'J cttkapp'Rqy gmlp'b qtg'rtkxcvg'tqqo u that'tgs wlt g'e'lj qt v'y cmlht qo 'vj g

o clp'dwklf lpi 0'F q'f qw'j cxg'e'r t ght gpegA' Harrison Powell_____ Main Lodge_____

Extra Equipment: 'fM Ua d'Y. 'd'YUgY''jgh'Yei]da Ybh'h Uinc'i 'd'Ub'hc 'Vf]b['h Uhk]''fYei]fY
Ub'ci hYhcf'gdYWU'ghcfU' Y

Special Food Requirements:



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Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases:

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox _____ Measles _____ Whooping Cough _____
 Tuberculosis _____ Mumps _____ Other Communicable Diseases _____

Immunization/Vaccine Record:

☐ To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

☐ The participant has received a Tetanus Booster. Date of last booster: _____

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment): (please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- ☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- ☐ I have dietary restrictions (describe below).
- ☐ I have limited mobility (e.g. crutches, cane, etc.).
- ☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- ☐ I require the use of medical equipment that needs electricity (describe below).
- ☐ I require other accommodations not listed above (describe below).
- ☐ I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

Emergency Medical and Informed Consent/Camp Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

_____.

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Standards of Behavior for Minor Participants Participating in Activities and Programs with Minor Participants

Minors participating in activities and programs with minor participants sponsored by Ohio State are required to conduct themselves according to the following standards of behavior. These standards operate in conjunction with the guidelines and regulations of the specific activity or program.

Minor participation expectations:

- Be responsible for own behavior and uphold high standards for the group and accept consequences for inappropriate behavior
- Support and abide by the group's designated leader
- Practice good citizenship, leadership and self-control
- Follow the direction of activity or program staff and/or leaders
- Demonstrate positive sportsmanship and attitudes at all times which is becoming of a leader
- Show respect to others, be courteous and respectful
- Use appropriate language at all times

The following behaviors and actions are not permitted at The Ohio State University in activities or programs with minor participants:

- Unsportsmanlike conduct, unethical, immoral conduct
- Improper language, e.g., profanity
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco by a minor
- Possession or use of harmful objects with the intent to harm or intimidate others, e.g., weapons, fireworks
- Boys in girls' rooms/restrooms and vice versa
- Destruction of property
- Violation of established curfew, when applicable
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Belittling others/putting others down and being disrespectful of individuals' differences
- Aggressive physical behavior, e.g., fighting
- Taking property that belongs to others
- Other conduct determined to be inappropriate for youth development by the event chair or designated Ohio State faculty/staff

Violations of the standards of behavior will be handled as follows:

1. If a chaperone is present for the minor involved in the violation, this person will be made aware of the violation.
2. The parents will be notified of the incident and actions taken. When necessary, arrangements will be made to remove the minor from the activity or program.
3. The minor can/may be barred from participating in future Ohio State activities and programs with minor participants.
4. When warranted (e.g., violation of law) the situation may be turned over to the appropriate law enforcement authority.

I, _____, as a participant in an activity or program with minor participants, _____,
(name of minor, print) (name of activity/program, print)

have read these standards of behavior and agree to accept and follow them. I also accept the consequences for my actions if I choose not to follow the standards of behavior.

Minor signature _____

Date _____

I, we _____ have read the standards of behavior and support my minor's participation in the
(parent/guardian, print)
activity/program.

Parent/guardian signature _____

Date _____

CANTER'S CAVE 4-H CAMP, INC.
Elizabeth L. Evans Outdoor Education Center

CELL PHONE/ELECTRONIC DEVICE POLICY AGREEMENT

- Campers and counselors are not allowed to bring to camp any cell phone, iPod, handheld electronic game, tablet, laptop, or other communications device capable of accessing the internet through WiFi or another external network.
- If such a device is brought to camp by either a camper or a counselor, it will be held by the County Extension Educator or Camp Director until the conclusion of camp.

I, _____, understand that I am not to bring a cell phone or other device as
(Print name of camper/counselor)
described above to camp.

_____/_____/_____
Signature of Camper/Counselor Date

Message to Parents:

We know in this high tech era that it's difficult for youth to not be in constant contact with their families and friends via Facebook, texting, or cell phone calls. However, camp is a unique experience. The camp experience helps youth develop life skills including independence and self-reliance. Among the concerns that make bringing and using cell phones and other communications devices inappropriate at camp are:

- Concern that such expensive devices will be lost, damaged, or stolen. OSU Extension, camp, and staff cannot accept responsibility for lost, stolen, or damaged items at camp.
- Inappropriate use of photo and video devices. We know from media reports that the ease of uploading *inappropriate* photos and videos is a concern. Cyberbullying is not permitted before, during, or after camp.

In addition, youth contact with home when they are suffering a temporary spate of homesickness at camp may cause the condition to worsen. We fully appreciate and respect the positive relationships our campers and counselors have with their families, but if they are to benefit fully from the camp experience, they must be encouraged to develop the skills of independence and self-reliance. If there is an emergency, or if we are concerned about the youth's well-being, we will contact the parents or guardians immediately. Campers are constantly in the company of other campers and counselors while at camp, and our camps are staffed with many caring adults, including an experienced camp nurse.

I, _____, have read the above policy and agree to the
(Print Name of Parent/Guardian)

guidelines stated, including that the cell phone or other device will be collected and held by camp staff and returned at the end of camp if the policy is violated. I understand that if there is an emergency and I need to reach my child while s/he is at camp, I may do so by contacting the camp at (740) 286-4058.

_____/_____/_____
Signature of Parent/Guardian Date

CAREGIVER HEALTH FORM

Name _____ Age _____

Address _____

Phone _____

Do you give permission to treat in the case of an emergency? _____

Signature _____ Date _____

Emergency contact:

Name _____ phone _____

Physician's name _____ phone _____

Health Form

Name _____

Check below if participant is subject to:

___ headaches ___ fainting ___ heart trouble ___ frequent colds

___ constipation ___ convulsions ___ frequent sore throat ___ diabetes

___ athlete's foot ___ sinusitis ___ bronchitis ___ sleep walking

___ ear infection ___ epileptic seizures ___ home sickness

___ bleeding ___ hypertension (last menstrual period _____)

___ other _____

List any food the participant is allergic to: _____

Special dietary needs: _____

Medications: prescription or non-prescription drugs

Allergies: _____

USE BACK OF THIS FORM AS NECESSARY

The Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp

- **From Columbus:**

Follow US Route 23 (South) from Columbus to Chillicothe. Take US Route 35 (EAST) in Chillicothe towards Jackson. After about (22) twenty two miles on US Route 35 (EAST) you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn LEFT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

- **From Dayton:**

Take US Route 35 (EAST) to Chillicothe. Follow directions listed above from Columbus.

- **From Cincinnati:**

Take US Route 32 (EAST) to Jackson. At the intersection of US 32 and US 35, turn (WEST) onto US 35 (toward Chillicothe). Follow US 35 for approximately five (5) miles, you will come to a green and white highway sign indicating "Canter's Cave 4-H Camp 1 mile. Immediately turn RIGHT onto Township Road #223 (Caves Road). Follow this road for approximately (1) one mile. Turn LEFT onto gravel drive at the Elizabeth L. Evans Outdoor Education Center Canter's Cave 4-H Camp sign. Follow gravel road to Main Lodge located at end of gravel drive.

