

# 4-H Camp Application

June 7-10<sup>th</sup> 2022 at the Beartooth Mountain Christian Ranch, SW of Columbus  
Return all THREE completed pages AND payment by May 6 at 5:00 pm (not postmarked by)

Campers are 4-H members age 13 years or younger on the first day of camp: June 7. Cloverbuds may NOT attend camp. Campers must be enrolled in the 2021-22 4-H year as a member (not a Cloverbud) in Yellowstone County. Applications are accepted on a first-come, first-served basis-space is limited. 4-H Members from Carbon and Stillwater counties also attend. A letter regarding camp specific (what to pack/bring, bus pick-up/drop off times, etc.) will be mailed to each camper a week prior to camp.

**Camp Fee: \$165 per camper without a scholarship request letter OR \$100 with a scholarship request letter.** Make checks payable to: Stillwater County 4-H Council. Payment must be included with application! **Please note:** The Stillwater Council pays an additional \$160 per camper to cover all camp costs.

**Interested in a partial scholarship?** The 4-H member must write a short letter explaining why they feel they should be awarded a partial scholarship and include it with the application and payment.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4-H Club: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_\_\_ OR Female: \_\_\_\_\_

T-Shirt Size (circle) Adult: S M Lg XLg Youth: S M Lg

Parents: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Your age as of June 7, 2022: \_\_\_\_ Family email: \_\_\_\_\_

List **ONE** person you would like for a roommate: \_\_\_\_\_

Bus transportation provided. Please indicate the pickup/drop off location of child taking the bus to camp:

Billings \_\_\_\_ OR Laurel \_\_\_\_ Parents may drive their child to/from camp by contacting Roni Baker in advance.

## **4-H ACTIVITY and HEALTH AGREEMENT**

(Complete **ALL** fields. Indicate "N/A" if not applicable)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Cell number parent can be reached at in case of an emergency: \_\_\_\_\_

Person to contact if family cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) other than named above, to whom the camp may release the child upon request: \_\_\_\_\_

1. Has your child been away from home overnight before? Yes: \_\_\_\_ No: \_\_\_\_

2. Does your child have any known allergic reactions? (List: food, medicine, plants, or insect allergies) \_\_\_\_\_

3. What kinds of situations might cause your child distress? \_\_\_\_\_

4. Does your child wear Medic-Alert Tags? Yes: \_\_\_\_ No: \_\_\_\_ Where is it worn? \_\_\_\_\_

5. Mark any of these supervised activities for which the camper is **NOT** allowed to participate:

Horseback riding	____	Swimming	____	Climbing wall	____	Other:	_____
Zip Line	____	Archery	____	Backpacking	____		
Workshops	____	Pellet guns	____	Ropes course	____		

Has child had swimming lessons? Yes: \_\_\_ No: \_\_\_

6. Is your child is subject to any of the following conditions:

Abdominal Pain	___	Ear/Sinus trouble	___	Heart trouble	___	Other: _____
Asthma	___	Epilepsy	___	Nose bleeds	___	
Bed wetting	___	Fainting	___	Sleep walking	___	
Cramps	___	Hay fever	___	Tonsillitis	___	
Diabetes	___	Headaches	___			

Describe child's reactions or other information we should know (e.g., disabilities): \_\_\_\_\_

7. Tetanus shot current: Yes: \_\_\_ No: \_\_\_

8. List any chronic illness or other condition for which your child needs treatment. (Explanation required - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.) \_\_\_\_\_

9. Is there any further information that would help professionals and volunteers better serve your child? \_\_\_\_\_

10. Please list child's "regularly scheduled" AND "as needed" medications and send with child in **Original Rx Bottles**.

All medications will be required to be turned into the camp nurse upon arrival at camp.

Medication Name	Dose	Reason for taking	When to take	Oral, Nasal, Injection

*If your child has **SEVERE ASTHMA ATTACKS**, please consult with you primary Physician, and explain to them camp is 1 hour away from the nearest Emergency Room and at a higher elevation! Ask for a prescription for an EpiPen and send it with the child to camp. If your child has **BEE ALLERGIES** an EpiPen is also required.*

Does your child have **Asthma**? Yes: \_\_\_ No: \_\_\_ If yes, when was their last asthma attack? \_\_\_\_\_

How many asthma attacks in the last 6 months? \_\_\_\_\_

How bad are the asthma attacks?

- Mild, no treatment other than inhaler required: \_\_\_
- Moderate, required Nebulizer at home only: \_\_\_
- Severe, required a trip to the Physician or Emergency Room: \_\_\_

**If your child uses a Nebulizer Machine, it must be sent to camp with the child. This is not optional.** They must have their machine and medications with them including Albuterol and emergency and inhalers. In recent years we have had life-threatening asthma situations at camp. Campers cannot stay at camp without medications they may need.

Does your child have **Diabetes**? Yes: \_\_\_ No: \_\_\_ If yes, how well do they manage this? \_\_\_\_\_

Do they monitor blood sugars and if so, how often? \_\_\_\_\_

Do they have an Insulin Pump, or do they use injections? \_\_\_\_\_

Is your child allowed to eat sweets? Yes: \_\_\_ No: \_\_\_

What is your child's normal range of their blood sugar? \_\_\_\_\_

How often does it drop below this range? \_\_\_\_\_ How often does in jump above this range? \_\_\_\_\_

Have you ever had to use Glucagon to bring your child's Blood Sugar up? Yes: \_\_\_ No: \_\_\_

**Authorization to Treat**

I \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in the

Yellowstone/Stillwater/Carbon County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

I give permission for the Camp Nurse/MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismol, cough syrup, etc., to my child if they are not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for a physician to be contacted. If I cannot be reached, I give permission for the attending physician to treat them in an emergency situation. I know the plans of the trip, including the dates, who will chaperone the group, the mode of travel, where the group will stay, and the planned activities. My child agrees to abide by the rules of no use or possession of alcohol, drugs, tobacco, cigarettes, vaping, knives, guns, or any other items that could be considered a weapon. My child also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

The Montana State University Extension is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach. Montana State University Extension encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of special accommodations or have questions about the physical access provided, please contact the Extension Office at 406-256-2828 in advance of your participation.

#### **4-H Camper Code of Conduct**

1. Have fun and be safe! Participate in all activities! Be on time!
2. Wear your name tag (except when sleeping, swimming, or showering)!
3. Drink water regularly (just not from the streams)!
4. Stay on the premises!
5. If you feel sick or get hurt, tell a camp nurse or an adult!
6. Girls only in girls' cabins. Boys only in boys' cabins!
7. Wear and bring appropriate clothing for all kinds of weather. Letter tells you what to bring. One-piece swimsuit or t-shirt over 2-piece swimsuit; hat off in dining room; coats for snow; raingear; shoes on when walking outside.
8. Keep cabin areas and campgrounds clean at all times. Cabins will be inspected daily. Clean cabins will be first in line for lunch and dinner. Dirty cabins will clean the public restrooms.
9. Each cabin will have certain responsibilities assigned to them at some time during camp. **EVERYONE** in that cabin needs to be there to help. Schedules are posted in the cabins and in the dining hall.
10. Telephones are to be used **ONLY** in case of emergency.
11. The ringing of the bell means to come right away or move to your next activity. If the bell rings when you are in your cabin day or night—go **IMMEDIATELY** to the bell.
12. **NO:** Fireworks! Foul language! Alcohol! Illegal drugs! Tobacco of any kind! Items that could cause harm to other campers!
13. Have a counselor, CIT, or adult with you to go into a cabin.
14. During quiet time/sleeping time, remember to be quiet for sleeping and for being good cabin neighbors!
15. Follow the direction of camp leaders. Respect the property and rights of the camp, other campers, counselors, CITs, and adults at all times.
16. If riding the bus to/from camp, I agree to check in when I get on the bus and check out when I depart the bus with the county agent.

I agree to follow the Camper Code of Conduct.

\_\_\_\_\_  
(Signature of Camper)

\_\_\_\_\_  
(Date)