2026 Cloverbud Fun Day!

WHO: Youth who have enrolled in the Pike County 4-H Cloverbud program

WHEN: Thursday, June 18, from 9:00 a.m. - 12:30 p.m.

WHERE: Pike County Fairgrounds - Art Hall

ARRIVAL TIME: Check-in begins at 8:30 a.m.

COST: $25.00 - This covers the cost of a camp t-shirt, a camp portrait, snacks, and crafts.

REMINDERS:

- Please wear tennis shoes and clothes that are comfortable!
- If you take any medication during the day, please bring it with you to camp. Should a participant need medication administered, a parent or guardian will need to be available.
- Complete the attached:
  - ❑ Cloverbud Fun Day Registration Form
  - ❑ Health History Form
  - ❑ Restricted Release Form (if necessary)

- Please return **ALL FORMS** to the OSU Extension Office, Pike County, 313 Mill Street, Piketon, Ohio 45661, on or before **Wednesday, June 3**.

For more information, contact **Joy Bauman** at 740-289-4837

Remember, this is for Pike County Cloverbuds only!

REGISTRATION

THE OHIO STATE UNIVERSITY EXTENSION

Name: _____ Age (1/1/26) _____

Address:_____

Town: _____ Zip:_____

Phone: _____ Gender: Male_____ Female _____

Parent/Guardian Name(s): _____

4-H Club: _____

Does youth have any allergies/dietary restrictions? If so, please describe briefly:

_____

T-Shirt Sizes (circle one)

Children Sizes:	Small	Medium	Large	
Adult Sizes:	Small	Medium	Large	X-Large

_____ Enclosed is my check/money order in the amount of $25.00 made payable to:
PIKE COUNTY 4-H COMMITTEE

By signing this registration form, I give my son/daughter permission to attend Cloverbud Fun Day. I understand that camp begins at 9:00 a.m. and ends at 12:30 p.m. I also understand that only paid participants can attend. I will provide transportation to and from Cloverbud Fun Day and pick up my child promptly at 12:30 p.m.

Parent/Guardian Signature: _____

Date: _____

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.

REQUIRED! Attach Picture (for I.D. purposes only)

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:

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

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

☐ Asthma Controlled? yes/no	☐ Bronchitis	☐ Cramps	☐ Fainting	☐ Heart Trouble	☐ Seizures	☐ Sore Throat
☐ Athlete's Foot	☐ Constipation	☐ Diarrhea	☐ Frequent Colds	☐ Home Sickness	☐ Sinusitis	☐ Other? _____
☐ Bed Wetting	☐ Convulsions	☐ Ear Infections	☐ Headaches	☐ Kidney Trouble	☐ 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:

☐ Acetaminophen (ex: Tylenol)	☐ Antibiotic Ointment (ex: Neosporin)	☐ Decongestant (ex: Sudafed)	☐ Poison Ivy Medicine (ex: Calamine Lotion)
☐ Aloe Lotion	☐ Cough Syrup/Drops	☐ Diarrhea Medication (ex: Imodium)	☐ Sore Throat Medicine
☐ Antacids (ex: Maalox, Tums)	☐ Decongestant (ex: Sudafed)	☐ Dramamine	☐ Sun Screen
☐ Antihistamine (ex: Benadryl, Claritin)	☐ Diarrhea Medication (ex: Imodium)	☐ Laxative (ex: Milk of Magnesia)	☐ Swimmer's Ear Medicine
☐ Antiseptics	☐ Dramamine		

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

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

Bloir, K., Epley, H.K. Updated 9/2015

4-H Member Restricted Release

(Approved by Administrative Cabinet 10/95)

We understand that some parents have restricted rights in terms of access to their children. To accommodate this situation, the following statement will be added to 4-H registration materials:

> *We understand that there are situations where parents have a right to restrict who will pick up their child at the end of a program. If you need to restrict who picks up your child, you must do so in writing and attach it to this registration.*

This will create a piece of paper for each child who is restricted, it can be copied and given to the person who will "check out" the restricted child/children. We will also need to communicate with the parents who send in restrictions, to let them know where to pick p their child. All "restricted" children could wait to be released at one central spot, such as the dining hall or some other out of the way spot where you can control access. The following is a sample from that you can use to confirm arrangements if you wish to:

4-H Restricted Release Form

I, _____, hereby authorize only the person(s) listed below to pick up
Name

_____ During the _____
Child/Children Name(s) Name of Event

** Name(s) of person(s) authorized to pick up my child:

1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____

If my pick up plans change, I understand that I must call _____
Phone Number

In order to make different arrangements by _____ on _____
Time Date

Parent/Legal Guardian's Signature _____ Date _____

**The person (listed above) who picks up your child must be identified by your child to a camp director before your child will be released in their care. They will also have to sign here indicating that your child left with them.

Signature of person pickup up child _____

Relationship to youth _____

(PLEASE TURN THIS FORM IN WITH REGISTRATION)

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