



**TO: Grange Camp Participants and Parents / Guardians**  
**FROM: Jennie Gentry, State Youth Director**  
**RE: Camp Health Form**

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We are extremely excited that you are attending Grange Camp! Each camper must submit the Camp Health Form to the NC Grange to be able to participate in camp. Below are a few instructions to assure that you have completed the form correctly.

### **COMPLETING THE CAMP HEALTH FORM**

1. All pages of the health form must be completed.
2. A health physical must be provided. You can use the “Health Physical” at the top of page 5 of the health form by getting it completed and signed by professional medical personnel, OR you can provide a copy of a health physical that has been completed for your child within the past 24 months.
3. You may write in your child’s immunizations on page 5 or provide a copy of immunization records.
4. Parent signatures are needed on pages 4, 6, and 7 (twice).
5. It is okay to submit the health form as soon as you have completed it and send the physical later.

### **SUBMITTING THE HEALTH FORM**

Please submit the form **BY JUNE 1** to Jennie Gentry at the information below. The preferred method to return completed forms is through email. You can scan and email them or complete them in Adobe PDF form. This is much more reliable than using the mail.

**Email:** [jenniegentry@ncgrange.com](mailto:jenniegentry@ncgrange.com) (preferred)

**Mail:** Jennie Gentry  
NC State Grange  
1734 Wilkesboro Hwy  
Statesville, NC 28625

Please contact Jennie with any questions at [jenniegentry@ncgrange.com](mailto:jenniegentry@ncgrange.com). We look forward to seeing all our campers on July 7. Thank you!

JRG



# GRANGE CAMP HEALTH FORM

Year: 2024

**Camper Name:** \_\_\_\_\_  
First Middle Last

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade this Fall:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_  
First Last

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Parent or Guardian:** \_\_\_\_\_  
First Last

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## **CUSTODY RELEASE:**

When being picked up by an adult from camp, you may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child.

### **Please check one:**

- My child will be leaving Eastern 4-H Center at the end of the week's program on the Grange Bus.
- My child is a car rider and will be released in the custody of \_\_\_\_\_ at the end of the week's camp program.  
First and Last Name

### **Please complete:**

If it is necessary for my child to leave before the end of camp due to illness, injury, behavioral issues or family emergency, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(List names and phone numbers of individuals allowed to pick up your child.)





**HEALTH INSURANCE:** The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

**Company Name:** \_\_\_\_\_ **Policy / Group Number:** \_\_\_\_\_

**CONDITIONS:** Has or does the participant:

Have ADD-ADHD? Yes No

Have Anxiety? Yes No

Have Arthritis? Yes No

Have Asperger's? Yes No

Have Asthma? Yes No

Ever had an Auto-Immune Disease? Yes No

Ever had back problems? Yes No

Ever had Chest Pain During or After Exercise? Yes No

Ever had Joint problems? Yes No

Ever had Convulsion or Seizures? Yes No

Have Diabetes? Yes No

Ever had Dizziness During or After Exercise? Yes No

Ever had Frequent Infections? Yes No

Ever had an Eating Disorder? Yes No

Have a history of Bed Wetting? Yes No

Ever Been Dizzy / Passed Out During or After Exercise? Yes No

Have Frequent Headaches? Yes No

Ever had a Head Injury? Yes No

Ever been diagnosed with a Heart Murmur? Yes No

Had Hepatitis A, B or C? Yes No

Have Hypertension? Yes No

Had Mononucleosis in the past 12 months? Yes No

Had Mumps? Yes No

Ever had a Nervous Disorder? Yes No

Have frequent Nose Bleeds? Yes No

Sleep Walk? Yes No

Ever had a Mental Disorder? Yes No

Have Migraines? Yes No

Have Skin Problems? Yes No

Have Stomach Problems? Yes No

If yes to any above, please explain: \_\_\_\_\_

List any Program Activity Restrictions or Limitations (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

**DEVICES:**

Wear Contact Lenses? Yes No

Epi-Pen? Yes No (provide details below)

Wear Glasses or Protective Eye-Wear? Yes No

Inhaler? Yes No (provide details below)

Hearing Aid? Yes No

Other Devices? Yes No (provide details below)

If you checked yes to any devices above, please provide details: \_\_\_\_\_

**ALLERGIES:** Please list known allergies here:

- |   |   |   |  |
|---|---|---|--|
| <b>Aspirin</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         | <b>Insect Stings</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Dairy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Eggs</b> <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| <b>Gluten</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          | <b>Nuts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          | <b>Peanuts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Penicillin</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Shellfish</b> <input type="checkbox"/> Yes <input type="checkbox"/> No       | <b>Soy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No           | <b>Sulfa</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Sunscreen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Tetanus Vaccine</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Wheat</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         |   |  |

List any additional allergies here: \_\_\_\_\_

List any other Dietary Considerations here: \_\_\_\_\_

**AUTHORIZED MEDICATIONS:** The following over-the-counter, non-prescription, medications can be administered to my child, without contacting me.

- |   |  |  |
|---|--|--|
| <b>Acetaminophen / Tylenol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No       | <b>Antacid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          | <b>Antibiotic Ointment</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                |
| <b>Antihistamine / Benadryl</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      | <b>Aspirin</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          | <b>Ibuprofen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| <b>Imodium</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                       | <b>Pepto Bismol</b> <input type="checkbox"/> Yes <input type="checkbox"/> No     | <b>Sunscreen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Insect Bite /Sting Medication</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Insect Repellant</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**MEDICAL RELEASE**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted. I hereby give permission to the North Carolina 4-H Youth Development Program to administer authorized / prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

**Camper Name:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_

- Yes, I consent**
- No, I do NOT consent**

**MEDICATIONS:**

Please list ALL medications, prescription and nonprescription / OTC drugs that your child is currently taking regularly. Please bring enough medication to last the entire tie you are at the camp program. Keep medications in the original packaging and / or bottle, including prescription medications, that identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

- This person takes NO medications on a routine basis.**
- This person takes these medications as follows:**

|             |              |              |                  |
|-------------|--------------|--------------|------------------|
| Med#1 _____ | Reason _____ | Dosage _____ | Time Taken _____ |
| Med#2 _____ | Reason _____ | Dosage _____ | Time Taken _____ |
| Med#3 _____ | Reason _____ | Dosage _____ | Time Taken _____ |
| Med#4 _____ | Reason _____ | Dosage _____ | Time Taken _____ |

**HEALTH PHYSICAL:**

**Health Care Recommendations by Licensed Medical Personnel for Camp Participants**

The health physical below needs to be completed for your child by licensed medical personnel. You may also opt to attach a copy of a physical that has been conducted within the past 24 months.

I examined this individual on \_\_\_\_\_ Date BP \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_

In my opinion, the above applicant  is  is not able to participate in an active camp program.

Restrictions/Recommendations: \_\_\_\_\_  
\_\_\_\_\_

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)  
\_\_\_\_\_

Additional information for health care staff at camp: \_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Medical Personnel:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City State Zip Code*

**IMMUNIZATIONS:**

Please give dates of immunizations for the following. (Attaching your child's immunization records is also accepted.)

| Vaccine                 | Month / Year | Month / Year | Month / Year | Month / Year |
|-------------------------|--------------|--------------|--------------|--------------|
| DTP                     |              |              |              |              |
| TD (tetanus/diphtheria) |              |              |              |              |
| Tetanus                 |              |              |              |              |
| Polio                   |              |              |              |              |
| MMR                     |              |              |              |              |
| Or Measles              |              |              |              |              |
| Or Mumps                |              |              |              |              |
| Or Rubella              |              |              |              |              |
| Haemophilus influenzae  |              |              |              |              |
| Hepatitis B             |              |              |              |              |
| Varicella (chicken pox) |              |              |              |              |
|                         |              |              |              |              |

|  |            |            |
|--|------------|------------|
| <b>Screening Record: For camp use only</b> | Date _____ | Time _____ |
| Meds received _____                        |            |            |
| Updates/additions to Health History _____  |            |            |
| Current Health needs identified _____      |            |            |
| Screened by _____                          |            |            |

**NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM  
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,  
AND INDEMNIFICATION YOUTH AGREEMENT**

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

Additionally, I understand that the coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program's facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program's reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC State Grange, NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the Code of Conduct and/or any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program. I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

           **YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Signature of Participants Age 18 and Older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant 18 or Older

**NC Grange & NC 4-H Photo & Media Release**

I agree to allow the NC State Grange and Eastern 4-H Center to photograph or record my child during the Camp Program. I further agree that my child's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or my child. On behalf of myself and my child, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release Nc Grange & Eastern 4-H Center, their employees, licensees and assigns from any and all claims which I or my child may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

**Check one:**

- I agree to photo/media use for any use described herein.
- I do not agree to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

|  |      |                             |
|--|------|-----------------------------|
|  |      |                             |
| Signature of Parent/Guardian                               | Date | Printed Name: Name of Minor |
|  |      |                             |
| Signature of Participant if not a minor<br>(Age 18 and up) | Date | Printed Name                |

**Code of Conduct and Disciplinary Procedure**

It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures for the camp program. The purpose of these guidelines is to keep your child safe and ensure that all participants have a safe, enjoyable week of camp.

**Behaviors That Are Prohibited During The Camp Program:**

1. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs, or being present during any of these banned activities, is prohibited.
2. Any kind of sexually related physical contact is prohibited.
3. Any form of bullying and harassment is prohibited.
4. Using derogatory language is prohibited.
5. Possession of weapons or firearms is prohibited.
6. Behavior that violates state or local laws is prohibited.
7. Theft, misuse of, abuse of, or damage to property is prohibited.
8. Conduct that jeopardizes the safety of self or others, or that interferes with the camp program is prohibited.
9. Leaving a program or facility without permission camp staff and volunteers is prohibited.
10. Inappropriate dress, including clothing with negative or hateful language or symbols and clothing that fails to appropriately fit or to cover a participant's body and undergarments is prohibited. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event or activity.

**Disciplinary Procedures:**

Discipline may be imposed by any Grange Staff / Volunteer who has oversight responsibility for camp activities. Engaging in prohibited behavior may lead to the following disciplinary actions: verbal warning, immediate removal from an activity, suspension from activities, or notification to parents. Continued and severe behavioral issues may result in dismissal from camp. Dismissed participants are not eligible for a refund of any fees or expenses.

I have reviewed the code of conduct and disciplinary procedures. I agree to follow these guidelines while attending camp.

|                                     |             |
|-------------------------------------|-------------|
| Camper Signature: _____             | Date: _____ |
| Signature of Parent/Guardian: _____ | Date: _____ |