

MEMORANDUM:

To: Buncombe County Youth Attending 4-H Summer Camp
From: Holly Jordan, Extension Agent 4-H Youth Development
Re: Information for 2021 4-H Camp
Date: March 15, 2021

Summer is quickly approaching and this means that there are several 4-H opportunities and events that are right around the corner as well. Camp is a great way to meet new friends from around the state and have FUN!!!! Buncombe County will be spending our week at camp along with youth from other counties across North Carolina and many who live in the Western NC counties.

In this packet of information you will find everything you need to know about attending 2021 Summer 4-H Camp at Betsy Jeff-Penn 4-H Camping Center. Please feel free to call me if you have any questions. I'm looking forward to a fun-filled week!!

- Ages:** Any 4-H member who is 8 years of age or older as of January 1, 2021.
- Dates:** Sunday, June 20th – Friday, June 25th, 2021 (see enclosed agenda)
- Where:** Betsy Jeff-Penn 4-H Camping Center
804 Cedar Lane
Reidsville, NC 27320
<http://www.bjpenn4h.org/>
- Cost:** \$450 for Traditional camp (ages 8-12). \$470 for Adventurers (ages 13-14) and Trekkers (Limited spaces available)–The following meals are NOT provided - Sunday lunch on our way to camp and Friday lunch on our way home.
- Travel:** Transportation to and from camp is still be coordinated. Due to the COVID restrictions that are currently in place and NCSU's rules, it may be necessary for parents to take and pick up their child from camp. Updates will be communicated as they develop.
- Reservation:** Camp spaces are filled on a first come, first serve basis. To reserve your camper space, please submit the Camp Financial Form along with your \$50 deposit made payable to "Buncombe County" to the Buncombe Extension office.

Registration:

Registration for 4-H Camp must be completed through the Extension office. Please complete the following items and return those to the Buncombe County Extension office as soon as possible. It is IMPORTANT to make sure you have fully completed each registration form and your payment. Your full camp payment must be made by **Friday, May 28th, 2021**.

- 4-H Member Enrollment Form
- 4-H Camp Waiver Form
- Medical Release Form (notarized)
- BJP Health History and Custody Release Form
- Payment made payable to "*Buncombe County*"

Refunds:

We realize that plans may change and hope to accommodate you the best that we can in the situation that a 4-Her is no longer able to attend 4-H camp after registering. If you must cancel, we will make every effort to find a substitution to attend and can only refund your payment if one is found.

Behavior:

4-H Camp is operating under the 4-H Code of Conduct and Disciplinary Procedure. Please make sure you understand these conditions and procedures prior to attending 4-H Camp. Unfortunately, campers who cannot abide by the rules and have behavior that is not manageable will be dismissed from camp. If this should occur, a parent is responsible for picking up the camper at the BJP Camp.

Schedule:

I have included a copy of the tentative schedule for 4-H Camp. Please make sure you are familiar with it. We will receive a finalized version when we check in.

Medication:

Please understand that all medication MUST be in the original containers with the original prescription. Medication can only be dispensed according to the original doctor's prescription. Most children treated with medication for behavioral or emotional problems benefit from continued medication at camp.

What to Bring:

I have included a tip sheet to help you out as you pack. Please remember that this is camp and we will be outside and possibly getting dirty. Don't bring any expensive items with you. **Cell phones will be allowed in the van on the drive to and from camp, however, I will collect them and hold them in a secure location during the camp time. Camp is a time when our youth should "disconnect". If you need updates or need to send a message to your child, you are welcome to call or text my cell phone and I will deliver the message.

Enclosed:

Tentative Schedule
Information about 4-H Camps
Code of Conduct
Tip Sheet for Packing
Camp and COVID Q&A

Forms:

Enrollment Form
Medical Release
Health History and Custody Release
4-H Camp Waiver Form
Pre-Camp Health Screening Form



4H RESIDENTIAL SUMMER CAMP AT BETSY JEFF PENN



Sunday:

2:00-3:00 pm	Arrival and Check In
4:00 pm	Welcome to Camp/Opening Ceremonies
4:30 pm	Group Initiatives and Cabin Games
6:00 pm	Cook Out
7:15 pm	International Night (Get to know our International Staff)
9:00 pm	Opening Campfire
9:45 pm	Cabins/Bedtime

Monday-Thursday:

7:45 am	Flag Raising
8:00 am	Breakfast
8:45-9:45 am	Activity Session
10:00-11:00 am	Activity Session
11:00 am	Juice Break
11:15am-12:15pm	Activity Session
12:30 pm	Lunch
1:30-2:30 pm	Lower Division Rest / Upper Division Activity Session
2:45-3:45 pm	Activity Session
3:45-4:15 pm	Camp Store Break
4:30-5:30 pm	Activity Session
6:00 pm	Dinner
6:45 pm	Flag Lowering
7:00 pm	Evening Programs

Friday:

7:45 am	Flag Raising
8:00 am	Breakfast
8:45-9:45 am	Awards Ceremony/Slide Show
10:00-10:30 am	Camper Pick-up and Departure

Activity Sessions include Swimming, Archery, Horses, Canoeing, Climbing Wall, Nature Exploration, Arts & Crafts, High Ropes, Team Challenges and Group Choice. Sessions rotate so that each participant is able to participate in the optimum number of age-appropriate activities.

Evening Programs

Monday: Water Sports Activities for Lower Division, Camp Out for Upper Division

Tuesday: Talent Show for Everyone

Wednesday: Water Sports Activities for Upper Division, Camp Out for Lower Division

Thursday: Dance/Games and Closing Campfire for Everyone



Parents: What you should know about North Carolina 4-H Camps

American Camp Association LogoCamp Accreditation Saves You time:

When selecting a camp, look for the [American Camp Association](#) seal first. Only an estimated 25 percent of camps in the United States are accredited by the American Camp Association. North Carolina's 4-H camps operate through the Department of 4-H Youth Development and Family & Consumer Sciences with the North Carolina Cooperative Extension service. During its 78-year tradition of offering high quality camping experiences, the program builds on the 4-H motto of "making the best better" and also commits to meeting the quality camping practices recognized by the American Camp Association. These include site, health care, programs, personnel and administration. ACA standards also exist for specific programs such as aquatics and horseback riding. If you were to send your child to a non-accredited camp, you would need to ask many questions about program quality, safety, health care, facilities, food service and staffing. With an accredited camp, ACA professionals can save you time and do this for you. Yet they do not stop with performing only one in-depth study; every three years they return to review each ACA-accredited camp. ACA has awarded its accreditation to five of North Carolina's 4-H Camps: Betsy-Jeff Penn, Eastern 4-H Center, Millstone, Sertoma and Swannanoa.

Health and Safety:

The health and safety of campers are closely monitored. Except for the primitive camps that have cold running water (Anita-Alta Outpost Camp and the Specialty Wilderness Camp at Sertoma 4-H Center), sites have hot and cold running water, showers and flush toilets. Each camp is regularly inspected by the local health departments. Smoke alarms are located in all living quarters.

Medical Insurance:

Each camp has limited medical insurance on every camp with coverage only for certain accidents and illnesses. Pre-existing illnesses are not covered. The accident limit varies according to our medical insurance provider. Each camp has an infirmary, and medical personnel will be available throughout the week.

Staff and Instructors:

Campers receive a high degree of small group interaction and personal attention from 4-H camp staff and instructors. These people have been chosen for their interest in working with youth and skills in special programs. After pre-camp training, they can be found as activity instructors and cabin counselors. The staff at many 4-H Specialty Camps may include professional youth educators from the North Carolina State University faculty. Also, a large number of resource people from specialized fields, such as natural resources, will share their practical skills and knowledge in ways that will bring issues and problem-solving skills to life.

Transportation:

County Extension 4-H Agents can help arrange transportation and accompany youth to camp. Campers heading to a Specialty Camp or campers who apply through Open Enrollment are responsible for their own transportation.

Special Accommodations:

Special services or accommodations will be provided to participants on an as needed basis, pending availability. Please let us know four (4) weeks in advance of your special needs by checking the box on the registration form. Any questions regarding special accommodations requirements should be directed to the appropriate 4-H center.

Campers must be able to function effectively in groups of 20 campers to 3 staff persons, comprehend and follow basic instructions, have an understanding of natural hazards (roads, lakes, heights, etc.) and must be able to change clothes and use restroom facilities without assistance. Parents and children are required to sign a Code of Conduct form in which behavioral standards are outlined. Campers must be able to function behaviorally in a group. Campers who are constant behavior problems will be asked to withdraw from camp without a refund.



“What to Bring” Tip Sheet



Comfortable Clothes

- Enough casual/outdoor clothes for each day of camp and additional clothes in case we have messy activities
- Jeans or long pants (REQUIRED for horseback riding)
- sweatshirt for cool evenings
- bathing suit (one piece for girls)
- water shoes with ankle strap (must be worn canoeing)
- flip flops for wearing to pool and in the shower (must have ankle strap)
- tennis shoes (or other closed toe shoes)- CROCS are not considered closed-toe shoes
- rain gear or umbrella
- socks
- pajamas
- hat
- One set of nice clothes for dance

Personal Articles

- wash cloth
- shower shoes
- towels for bathing and swimming
- comb or brush (any other hair accessories)
- toothbrush, toothpaste
- soap & shampoo/conditioner
- deodorant
- sunscreen (all cabins and activity areas have SPF 30 sunscreen available)
- sunglasses
- insect repellent
- medication (must be turned in prior to leaving for camp)

Bedding (for bunk-style beds)

- pillow and pillowcase
- two (2) sheets & light blanket or sleeping bag

Other items (optional)

- camera
- water bottle
- alarm clock
- games
- flash light
- reading materials for any down time
- extra money for purchasing food on the way to and from camp

*Please do not feel you need to go out and purchase something on this list if you do not own it.
This list is just to give you an idea of what your child may need while at camp.*

NC 4-H Camps & Centers

Summer Camp 2021 COVID-19 Parent FAQ



THE FOLLOWING FAQ DOCUMENT APPLIES *SYSTEM-WIDE* TO ALL NC 4-H CAMPS & CENTERS DURING THE 2021 SUMMER CAMPING SEASON. This is a living document and is subject to change based on the most current information and guidance from the American Camp Association, the CDC, and NC State University. This was created referencing the ACA's [Field Guide for Camps on Implementation of CDC Guidance](#) and is based on current recommendations by the CDC and NC State University.

For specific policies and procedures related to your camp, please refer to the following documents:

- [Betsy-Jeff Penn 4-H Center COVID-19 Procedures and Guidelines](#)
- [Millstone 4-H Camp COVID-19 Procedures and Guidelines](#)

- [The Eastern 4-H Center COVID-19 Procedures and Guidelines](#)

1. Are we limiting the number of campers to provide proper physical distancing in cabins?

We are limiting capacity at all three of our camps. BJP and Eastern will operate at 75% capacity and Millstone will operate at 50% capacity. As a result, capacity will be reduced in cabins at all camps and Executive Lodge Rooms at Eastern 4-H Center. Bunk beds are spaced out and campers sleep head to toe per ACA's accreditation site standards for lodging.

2. Can the number of camper spaces be reduced for camping groups and counties?

Yes, each individual camp will work directly with the camping group and county to reduce camping spaces initially requested, if needed. We've limited the number of open enrollment campers at all 3 camps to decrease capacity, so reduction of 4-H campers is not necessary for all counties.

3. What are the loading procedures for campers when loading vehicles at county Extension Offices and check in at camp for parents who drive campers?

Transportation procedures will be developed and shared by the University and Extension as they change getting closer to our summer camp season. In the meantime, Agents should plan to make arrangements with parents and volunteers to provide transportation of campers to camp in the event that county transportation is unavailable due to restrictions.

4. Will the required negative COVID-19 tests within five days upon arrival to camp need to be rapid or extensive tests?

Further guidance is needed from the University and will be communicated as it is decided.

5. Will all campers be required to wear masks at all times?

Camps will follow NC State University's mask policy and campers will be required to wear masks at all times unless they are eating meals or are in their cabins.

6. What are the accommodations for campers who are allergic to hand sanitizer and bleach- based cleaning detergents?

Camps will work directly with the Agent to make specific accommodations for campers with specific allergies. Be sure to include all health information on health forms so camp staff are prepared.

7. What will equipment and surfaces be cleaned and sanitized with?

Camps will use an approved disinfectant solution that is specific for COVID-19 reduction. Campers with specific allergies should communicate those allergies to our camps to make accommodations to use other cleaning solutions without bleach.

8. What form will be used for the daily temperature checks for youth to record prior to camp arrival?

A university approved, standard form for all camps will be issued and required. A secure collection and retention method will also be used and communicated.

9. How will meals work during mealtime?

Each camp has a specific plan for mealtime. Please refer to the site specific procedures for each camp.

10. Can Agents self-quarantine prior to arrival to camp instead of a negative COVID test?

Yes, Agents can choose to either self-quarantine and keep a record of daily temperature checks OR provide a negative COVID test within 5 days of arrival at camp.

11. What are the procedures if a camper/staff/Agent has symptoms and then test positive for COVID-19?

Campers who demonstrate symptoms or test positive for COVID-19 will be isolated until parents can pick up the camper from camp. Any campers who were exposed will also be isolated. A camp staff or Agent will be isolated or sent home. All locations on camp where the child spent time will be thoroughly cleaned and disinfected according to CDC guidelines.

12. Will a camper be issued a refund if they test positive for COVID-19 and are unable to attend camp?

Campers will be issued a full refund minus the deposit for any documented medical reason.

13. Are all the campers from one county going to be in the same small cohort?

No, campers will still be grouped by age and gender with campers from other counties.

14. Will Agents still be able to move around camp to interact and observe their campers in different activities and groups?

Yes, Agents can still observe their 4-H'ers from a distance , as long as they are following all required social distancing guidelines, handwashing and hand sanitizing procedures, and mask requirements.



BUNCOMBE COUNTY 4-H
 CAMP FINANCIAL FORM
 2021



Camper Name: _____

I understand that there is a financial commitment involved in sending my child to camp. I agree to pay the total amount due by **May 28, 2021**.

I understand that the total Camp Registration Fee equals \$450 (Traditional) or \$470 (Adventurers and Trekkers). (includes \$10 for Store Account & T-Shirt)

I understand that there may be some Scholarship money available for this summer (2021). I also understand that this scholarship money may not be available in the future.

Scholarship Request (please check one):

- I would like to request a \$100 scholarship (if funds are available)
- I do not want any scholarship funds

I agree to the following Financial Commitment (please fill in blanks):

Camp Registration Fee	\$ _____
Scholarship Request	\$ _____
Total Amount Due	\$ _____

I understand that if we need to cancel for any reason, and my child is not able to attend summer camp, that I am still responsible for the total amount that was due by **May 28, 2021** unless another camper registers to fill my space.

Parent/Guardian Signature: _____

Date: _____

 For Office Use:

Total Due _____

Date _____ Payment _____ # _____ Date _____ Payment _____ # _____

Date _____ Payment _____ # _____ Date _____ Payment _____ # _____

***For more information, please contact Holly Jordan at 828-255-5522.
 This event is Co-Sponsored by the NC Agricultural Foundation, Inc.***



4-H Enrollment Form

Name of 4-H Group/Unit: _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ Grade: _____ School Attending: _____

If re-enrolling in 4-H, how many years have you been in 4-H: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group*: A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian Asian
- Black or African-American Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native Other _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.

_____ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

_____ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: _____.

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

For office use only
4-H Membership # _____
Date entered: _____

**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 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 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and 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:

Name of Minor:

North Carolina 4-H Photo & Media Release

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor'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 the Minor. On behalf of myself and the Minor, 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 Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor 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:

North Carolina 4-H Code of Conduct and Disciplinary Procedure

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H Program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Bullying, harassing or using derogatory language towards another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
- L. Conduct that disrupts or interferes with 4-H programming
- M. Using Program content, contacts, images or video for personal use outside the scope of the Program
- N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples

may include, but are not limited to, clothing with negative or hateful language or symbols and shirts or pants that fail to appropriately fit or to cover a participant's body and undergarments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event.

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

IV. Disciplinary Procedures:

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:
 - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 2) the accused participant is told what factual evidence supports the charge, and
 - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
 - 1) Verbal warning
 - 2) Notification to parents
 - 3) Immediate removal from the activity
 - 4) Being placed on a behavior contract
 - 5) Referral to local law enforcement and/or juvenile court
 - 6) Program suspension and/or
 - 7) Expulsion from program
 - 8) Dismissed participants may not be eligible for a refund of any fees or expenses
 - 9) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
 - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County

Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.

2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.

F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

Member Printed Name:

Signature of Member:

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:



Member Name: _____
First Name Last Name Middle Initial Preferred Name (if needed)

Birth Date: ____/____/____

HEALTH HISTORY

The following information should be completed by the parent/guardian, or adult. The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

Note: Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

EXPOSURE: Has the participant previously had:

Chicken Pox: Yes No Measles: Yes No Tuberculosis: Yes No

List Any Other Infectious Exposure (if yes, provide details): Yes No

VACCINATIONS

Date of last Flu Shot: _____ Date of last Tetanus Shot: _____

CARE: Please complete this section with the participant's medial and dental physician information. *This information will only be utilized if there is a medical / dental emergency.

Primary Physician Name: _____ Primary Physician Phone: _(____)_____

Clinic Address: _____

Dentist Name: _____ Dentist Phone: _(____)_____

REMARKS: List any adaptations needed due to a disability (explain "yes" answers). Yes No

HISTORY: Does this participant's medial history include any of the following (explain "yes" answers):

Acute Chronic Illness: Yes No Concussions: Yes No Activity Restrictions / Limitations: Yes No
 Had a recent injury, illness or infectious disease : Yes No Ever been hospitalized or had surgery: Yes No

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

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

Yes No Explain "yes" answers.

DEVICES:

Wear Contact Lenses? Yes No

Epi-Pen (provide details)? Yes No

Wear Glasses or Protective Eye-Wear? Yes No

Hearing Aid? Yes No

Inhaler (provide details)? Yes No

List Any Other Devices (provide details)? Yes No

ALLERGIES: Please list known allergies here:

Aspirin Yes No

Insect Stings Yes No

Dairy Yes No

Eggs Yes No

Gluten Yes No

Nuts Yes No

Peanuts Yes No

Penicillin Yes No

Shellfish Yes No

Soy Yes No

Sulfa Yes No

Sunscreen Yes No

Tetanus Vaccine Yes No

Wheat Yes No

List any additional allergies here: Yes No

List any other Dietary Considerations here: Yes No

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

Acetaminophen Yes No

Antacid Yes No

Antibiotic Ointment Yes No

Antihistamine Yes No

Aspirin Yes No

Ibuprofen Yes No

Imodium Yes No

Insect Bite /Sting Medication Yes No

Insect Repellent Yes No

Pepto Bismol Yes No

Sunscreen Yes 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.

Member Name: _____

Parent / Guardian Name: _____

Yes, I consent

No, I do NOT consent

MEDICATIONS

Please list **ALL** medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes 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 Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants Only

I examined this individual on _____ 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: _____ Title: _____

Address: _____ Phone: (____) _____
Street City State Zip Code

Please give dates of immunizations for:
 (Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Ry
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (chicken pox)				

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

Custody Release: 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. I hereby give permission for my child, _____, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

(Names of Individuals authorized to pick up your child)

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

(Emergency contact or other individual authorized to pick up your child)

For 4-H Use Only: 4-H'er picked up by: _____ Staff Signature _____



Pre-Camp Health Screening

Camper Name: _____

Camp Dates: _____

Location (circle): **Betsy-Jeff Penn** Eastern 4-H Center Millstone 4-H Camp

Dear Camp Families:

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (Symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has shown any of the above symptoms in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Day:	14	13	12	11	10	9	8
Temp/Sym p							
Day:	7	6	5	4	3	2	1
Temp/Sym p							

Start date of temperature/symptom screening: _____

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

We understand that failure to complete and submit this form at camp check in or symptoms listed above or temperature readings at or above 100.4 will result in the camper not being permitted to attend camp.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____