

Photo of
Participant

F600-A

Activity and Event Acceptance Form

Please print

Name _____
(Last) (First) (M.)

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

A. Identification of Participant

Date of Birth _____ Age _____ Sex: ☐ Male ☐ Female
Parent or Guardian _____ Email _____
Home Address _____
(Street/P.O. Box) (City) (State) (ZIP)
Cell Phone () _____ Daytime Phone () _____ Nighttime Phone () _____
Workplace Address _____ Phone () _____
(Address/City/State/ZIP)
Other Emergency Contact (if appropriate) _____
(Name)
_____ () _____
(Address/City/State/ZIP) (Phone, if different than above)

B. Code of Conduct

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone (____) _____

Family Medical/Hospital _____
(Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

<i>Insurance Card (front)</i>	<i>Insurance Card (back)</i>
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Check all that apply

Is participant allergic to the following drugs?:

☐ Penicillin ☐ Sulfa Drug ☐ Tetracycline ☐ Aspirin

☐ Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

☐ Asthma ☐ Heart Trouble ☐ Nosebleeds ☐ Diabetes ☐ Convulsions ☐ Fainting Spells

☐ Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: ☐ Dentures ☐ Contact Lens ☐ Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? ☐ Yes ☐ No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? ☐ Yes ☐ No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations

Last Yr. Given

Tetanus _____

Diphtheria _____

Polio _____

Hepatitis A, B or C _____

(circle one/any)

Immunizations

Last Yr. Given

Measles _____

Mumps _____

Rubella _____

Varicella _____

Has Had (please check)

☐ Measles

☐ Mumps

☐ Rubella

☐ Chicken Pox

☐ Tuberculosis

Is there other information that will help us ensure a positive experience for your child at this event? Yes No
If yes, please explain:

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- ☐ Bausch and Lomb® eye wash or generic equivalent (eye irritation)
- ☐ Benadryl® or generic equivalent (*rash or bee sting*)
- ☐ Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- ☐ Emetrol® or generic equivalent (*nausea*)
- ☐ Hydrocortisone ointment or other equivalent (*insect bites*)
- ☐ Ibuprofen (*pain*)
- ☐ Imodium AD® or generic equivalent (*diarrhea*)
- ☐ Isodettes® spray or generic equivalent (*sore throat*)
- ☐ Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- ☐ Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- ☐ Neosporin® or generic equivalent (*topical treatment for cuts*)
- ☐ Pepto Bismol® or generic equivalent (*upset stomach*)
- ☐ Robitussin® or generic equivalent (*nasal congestion/coughing*)
- ☐ Swimmer's ear solution (*earache*)
- ☐ Tylenol® or generic equivalent (*pain*)
- ☐ Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

☐ Check here if your child, _____, will have medication(s) (prescription or
(Name of Participant)
non-prescription) and is competent to **self-administer** them under appropriate supervision.

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*) (8) Expiration date of medication.

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (participant's name) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, transportation, and approval of off-site care, hospitalization, or surgery.

In the event of injury or illness to _____ (participant's name), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) (Month/Day/Year)

Signed _____ Date _____
(Participant's Signature) (Month/Day/Year)

Child Release Authorization

Please list the people who are allowed either at your discretion or by court order to pick up your child from Camp. Please be aware that the person(s) listed as parent/guardians will be able to give verbal assent for child pick up.

Camper _____

Parent/Guardian _____

Phone: _____

People who are authorized to pick up my child.

Name

Phone

_____	_____
_____	_____
_____	_____
_____	_____

People who may be authorized to pick up the camper in case of emergency or with verbal (phone) authorization.

Name

Phone

_____	_____
_____	_____
_____	_____
_____	_____

People who are, under no circumstances, allowed to pick up the camper.

Name

Phone

_____	_____
_____	_____

If the child is involved in a contentious custody situation that may affect pick up procedures, please provide necessary documentation.

*This form is for the use of Lawrence County personnel, to aid in the safety of your child and is not representative of the University of Tennessee or Tennessee State University.

Photo of
Participant

Name _____

County _____

F600M: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Events
(place this form in a resealable storage bag with medications, vitamins, and/or supplements in the **original container**. No expired items will be accepted)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I _____ parent or guardian of _____
(Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medications, vitamins, supplements, etc.:

Name of Medication	Reason for Medication and Possible Side Effects	Dosage (amount given, how to administer, etc.	Time of Medicine (place X in desired time(s)					Notes (such as: take with food, take as needed, etc.)
			Breakfast	Lunch	Dinner	Bedtime	Other (specify)	

Prescribing Physician's Name _____ Physician's Phone _____

Parent or Guardian Signature _____ Date _____

Phone Number(s): Home _____ Mobile _____ Work _____



CABIN MATEY FORM

Campers always want to know if they can room with their friends.

We make cabin assignments prior to going to camp. The cabin rooms hold either 7 or 11 campers. Please complete the information below and return ASAP. Remember to include friends from other schools or activities. It may be mailed or delivered to 2385 Buffalo Road, Lawrenceburg, TN 38464, or emailed to thagan@tnstate.edu or cadams11@utk.edu.

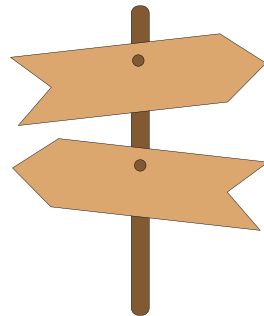
Name: _____ Grade: _____ Gender: _____ School: _____

Teacher: _____

I'd like to room with:



Every effort will be made to honor all requests. If no preferences are stated, campers will be grouped by grade and school, unless otherwise noted.



4-H JUNIOR CAMP 2025

4-H Junior Camp costs \$375

Important Dates

May 20	Paperwork due- please return the F600A, Cabin Matey, and Camper Release Forms to the Lawrence County Extension Office. Do NOT turn in the Medication Form (F600M) until the day of camp. If more F600Ms are needed, they are available at the Extension Office, or you can make copies.
<u>_F600</u> <u>_Immunization Dates/Record</u> <u>_ Child Release Authorization</u> <u>_Photo</u> <u>_Insurance Card</u> <u>_Cabin Matey Form</u>	
May 22	6:00 P.M.: Parents informational meeting, Lawrence County Extension Office Meeting Room. <i>No paperwork or payment will be accepted during the meeting!</i>
May 23	DEADLINE TO SIGN UP AND PAY!! <u>NO REFUNDS AFTER THIS DATE!</u>
June 9	Let's Roll! The health check will begin at 9 a.m. at the Extension Office. We plan to begin boarding the bus at 10 a.m. to leave for camp.
June 14	Home at Last! We should return around 11:00 a.m. (Assuming we have the cabins cleaned on time. 😊)

Payment Plan: You can make up to 3 payments in the Ag Store. Payments can also be made in the office. Scholarship recipients will receive instructions about payment.

If your child decides NOT to go please notify us ASAP at 931-762-5506. We may have children on the waiting list who could go.

Contact Information:

Lawrence County Extension Office,
P.O. Box 100, 2385 Buffalo Road, Lawrenceburg, TN 38464
Phone: 931-762-5506 Fax: 931-766-1589

Agents' Email:

Ms. Tracy-thagan@utk.edu and Mr. Matt -cadamsl@utk.edu

Home page: Lawrence.tennessee.edu



All about THAT Form (The F600A)

The F600A gives your 4-H agent information about your child's medical conditions, needs, and treatments. It also provides authorization for the agent to provide first aid or get treatment. Include any special legal information your agents need to know as a supplement to this form.



We expect your child to have a safe and happy camp experience. Even though safety is our number 1 priority at camp, we cannot guarantee that your child will not be injured or get sick. Should the need for medical attention arise, THIS form becomes especially important. **Please include multiple phone numbers. Also, please notify us by May 20 if your child has special needs** (dietary or otherwise) **or if there are legal or custodial issues that could affect the safety of your camper. Please include any documentation needed to ensure a safe time at camp!**

Please take time to fill this form out thoroughly. The more we know, the better care we can provide for your child!

At the top of the F600A, we need A PICTURE OF THE CAMPER.

This is for identification purposes when consulting the F600A!!!!



The F600A is ALL about HEALTH!

It is important to provide as much information as possible on the F600A, including special conditions and medications for your child. A copy of the child's insurance card (front and back) must be attached to the form.

When filling out the F600A, pay attention to the list of first aid medications –**if you don't mark it, then we cannot give it**–if you give your child an alternative to one of the medications listed, please write it in on the form. Include **clear written instructions** for giving any medications.

Please have prescription medications in the original prescription bottle clearly labeled, identified, **with your child's name on them**, and include a "F600M" filled out for EACH medication. *Then place medications and Supplement A's in a plastic baggie also with your child's name on it and be ready to give it to a designated person the morning we leave for camp.* It is a great idea to send only as much as your child will need for the week at camp.



What to pack:

Clothing

PLEASE LABEL ALL BELONGINGS! THE CAMPER IS RESPONSIBLE FOR KEEPING UP WITH THEM! WEIRDLY, THEY OFTEN DON'T KNOW WHAT THEY BROUGHT WITH THEM!

☐ Casual Clothes

(Five days worth of changes, including a couple of extra sets—they get wet at the "Olympics." New clothes or a child's best casual clothes are NOT recommended.)

☐ Walking Shoes

(IMPORTANT! IMPORTANT! See note below!)

☐ Underwear & Socks

☐ Pajamas/Sleep Clothes

☐ Swimsuits

☐ Old clothes -at least one set that can be thrown away in case of sudden mud or paint.

☐ Pair of old, closed -toe shoes or water shoes (optional for creek activity)

☐ Sweatshirt or Jacket

☐ Rain Gear

☐ Water bottle



Personal Grooming Items

☐ Toothpaste & Toothbrush & Floss



☐ Soap & Shampoo & Conditioner



☐ Towels & Washcloths

☐ DEODORANT

☐ An Extra Towel for the Pool

☐ Sunscreen or Sunblock

☐ Large Plastic/Trash Bag(s) or a laundry bag (for dirty and/or wet clothes)



The Note about Shoes....

The campers do a HUGE amount of walking (more than most have them have done all summer!) and need walking shoes, the kind you wear socks with, sneakers and such. Flip-flops and crocs are very handy footwear in the summer. They'll be great to go to the pool and back! But they are BAD at camp. Every year we treat multiple campers for blisters due to flip-flops and crocs. Also, flip-flops break—walking in a floppy flip-flop is a drag.



☐ Bedding

Camp does NOT provide bedding! Please send twin sized sheets, blankets, quilts, sleeping bags, or pillows (If your child uses one.)

We recommend a fitted sheet even if a child chooses to take a sleeping bag. Please include a blanket, we have no control over the thermostat and it can get quite cool at night. Make sure there is room to pack your child's bedding.

Optional

☐ Insect Repellent

☐ Ball Gloves

☐ Camera

(ONLY camera—no "old" cell phones. The disposable ones are great.)

What not to pack:

All prohibited items will be confiscated and subject to the camper being sent home without refund.

Alcohol

Tobacco Products

Weapons

(includes pocket knives, personal firearms or archery equipment)

Drugs

(Prescription medications are given to the nurse. Instructions are on page 3! Common OTC meds are kept on hand in the camp first aid station to be administered by trained adults and should not be with a camper.)

Fireworks

Chewing gum

Jewelry

Electric Fans





Electronic Devices at Camp (Mobile phones, etc.)




Mobile phones and other electronic devices are not to be brought to camp. If found, Extension Agents will tell the campers to put the phone away. A 2nd offense will result in the camper being sent home. This is for the safety and security of the campers, and everyone at camp. Teen leaders should do the same as the campers and model appropriate behavior, unless the teen leader has received prior approval from the Agent to use an electronic device for communication with the Agent for camp business. All phone communication between parent and child should be done through an Extension Agent.

CRAZY CAMP days

Monochrome Monday- wear one color 

 Tropical Tuesday- wear Hawaiian shirts and tropical gear

Wacky Wednesday- wear wacky attire 

 Throwback Thursday- wear 60s, 70s, 80s, 90s attire

Friendship Friday- wear your camp t-shirt with your new friends!



Important!



Campers are responsible for taking care of their items. Campers can take locks for lockers. Campers are encouraged to leave expensive items at home. The UT/TSU Extension Service will not be responsible for the loss of jewelry, money, or other personal items.

Spending Money:

A ticket system is used at camp. Campers are required to purchase tickets and are encouraged to write their names on the back. Crafts and snacks may be purchased with these tickets. Tickets cost \$1 each.

Tickets are nonrefundable—campers are encouraged to buy only what they will spend during the week.

Parents are encouraged to discuss reasonable amounts of money to spend with their campers and help their campers develop a spending plan. Daily envelopes are a great way to organize spending money and signal youngsters that they're spending tomorrow's money.



Fundraisers:



Lawrence County 4-H offers a fundraiser to offset the cost of camp. If a family chooses to do an individual fundraiser they must make it clear in all materials that it is an INDIVIDUAL fundraiser and will not benefit additional 4-H members.

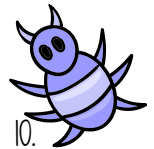
It's Time to Go:

When You Arrive at the Extension Office:

- Do not unload your luggage until after completing the health check
- Check in at registration
- Pick up and put on your name tag
- A nurse will conduct the wellness check
- Bring your luggage for loading
- Hug your loving adult and board the bus for camp.



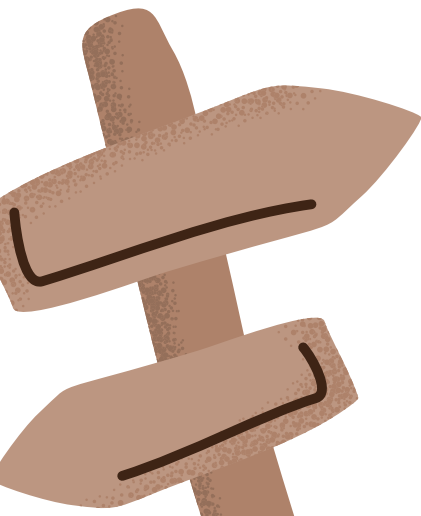
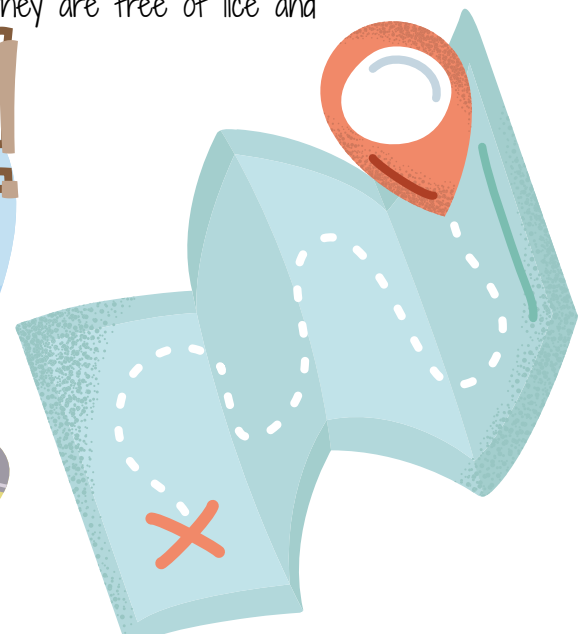
Wellness Check:



Campers will undergo a limited wellness check prior to receiving their name tag on Monday, June 10. This check will include a visual scan for obvious illness and a lice check. Privacy is ensured and guardians are encouraged to be present during screening and inform the nurse of any health changes.

We do not anticipate any problems with Lawrence County Campers, but to reassure you as parents and to prevent sending anyone home for this reason, we will check each child for head lice. If you are aware of or suspect head lice, purchase the appropriate shampoo that kills the live lice and nits (eggs) and use it before going to camp. Remove all nits from the hair. You should also wash and dry camp linens and clothes and put them in a plastic bag, ready for camp. ANYONE can get head lice. If a child is found to have lice at the lice check they will not be allowed to board the bus. The child can be brought to camp later only if proper removal procedures are followed and they bring a note from a doctor stating that they are free of lice and nits.

Let's Go!



Contacting your Camper:

Calls home from campers may be made ONLY with permission from the Extension Agent and only in the event of a problem, illness or injury. (The parent is the first one we call.) Calls to campers should be made only in case of emergencies. The camp phone number is 931-388-4011. Remember campers are not allowed to take cell phones, however, you are encouraged to send postcards, letters, or packages to:

Name of camper-Lawrence County
c/o W.P. Ridley 4-H Center
850 Lion Parkway
Columbia, TN 38401



Campers learn responsibility at camp. They have to get their luggage to designated areas on their own. UT/TSU Extension Service will not retrieve luggage or items left at camp or sent to another county.

Coming home:

Pickup Procedure:

Please be ready to show a picture ID to pick up your child!



- Come into the Extension Office with a picture ID.
- You (or your designated representative) will have that ID checked and sign and print your (or your designated rep's) name under your camper's name.
- You will be issued a large, brightly colored sticker with your camper's name on it.
- Please wear that sticker in a spot that's easy for the adults/teens on the bus to see. IF YOU DO NOT HAVE A STICKER, YOUR CAMPER WILL NOT BE RELEASED TO ANYONE.
- Your camper will be released to you and checked off the list after you approach the bus and you are identified by your sticker.



Hug your excited and exhausted camper!