

Ohio FFA Camp Muskingum
Students Health and Registration Form
Please thoroughly read and complete **BOTH** sides of this form

Chapter # _____
Bed # _____

General Information

Name _____ Home Chapter _____

Age _____ Sex _____ Weight _____ Height _____ Date of Birth ____/____/____

Address _____
(Street) (City) (State) (Zip)

Mother's Name or Legal Guardian _____ Home # _____ Work # _____

Father's Name or Legal Guardian _____ Home # _____ Work # _____

Family Doctor _____ Doctor's # _____

If parents are not available in case of an emergency, notify: _____ Phone Number _____

Insurance Information

Is this person covered by family health insurance plan? Yes___ No___

What are the Last Four Digits of the Student's Social Security Number _____

If covered, what is the insurance company? _____

Name of person who is the prime insured holder: _____

Please write the insurance I.D. number (It is on your Insurance Card) _____

I give permission for (**student's name**) _____ to attend FFA Camp Muskingum and to be subject to the authority of the program director. I give permission for the above to participate in any planned activities under the supervision of the director. I also understand that the director may dismiss my child from the encampment if, in their opinion, his/her conduct or influence is not in the best interest of the entire group. I will not hold FFA Camp Muskingum responsible or liable for accidents which may occur to the camper while on the camp premises, or for loss of personal articles brought to FFA Camp Muskingum. I also give permission for use of any photo of the above named to be used for program public relations.

I understand that my child's participation in programs offered by FFA Camp Muskingum including the adventure activities and living history reenactments are based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential hands on teaching techniques, and that my child's participation is purely voluntary. I also understand that my child will have the opportunity to participate in a large array of activities that include the following: Rifle, Shotgun, Archery, Motor Boats, Canoeing, Kayaking, Row Boats, Overnight Camp-out, Athletic Sporting Events including Water Sports, High Ropes, Low Ropes, Climbing Wall and Paintball.

The following activities are off site of Ohio FFA Camp Muskingum and apply only for Summer FFA Camp.
Circle the activities that you **DO NOT** grant permission for your child to participate in:

*Off-site Overnight Camp-out **Carroll Hills Workshop** Local Agricultural Businesses*

I hereby give permission for emergency treatment of my child in case of accident or illness, and for normal treatment during the program. I realize that FFA Camp Muskingum will make every effort to contact, first the *legal guardians*, followed by the person to notify in case of emergency. If neither one can be reached, I hereby give permission to the medical personnel selected by the program director and/or assigned staff member to order routine tests, X-rays, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. I also give permission to the physician selected by the program director and/or assigned member to secure and administer treatment, including hospitalization, for the person named above.

Non-Prescription Medication: Should my child become ill, get a headache, catch a cold, or have other minor medical or dental problems, I give permission for the administration of non-prescription medication in accordance with the camp's medical treatment procedures? (**PLEASE MARK ONE**) Yes___ No___

If needed, Tylenol will be administered, unless otherwise specified: Other (specify) _____

I understand that by signing below I have read and understand the above statements.

Signature Relationship Date

Health Information

This health form must be filled out completely and thoroughly

Dear Parents:

If your child must take any medication, carefully read the medication instructions below. Medication WILL NOT be administered unless all of the instructions are properly followed. It is necessary that the school and camp authorities know your child's physical and mental condition. If you have any doubt that your child is in good health, have a physician examine your child and forward the report to the camp.

1. Medication
 - a. If your child must take any medication, send medicine in the ORIGINAL CONTAINER.
 - b. PRESCRIPTION MEDICATIONS must be accompanied by a pharmacy label containing the RX number, the name of the medication, and dosage, directions for administration, and the child's name.
 - c. NON-PRESCRIPTION MEDICATIONS must be in their original containers, clearly labeled with the child's name, name of the medication, and directions for its use.
 - d. Medicine lying loose in sandwich bags or other containers will not be administered.
 - e. Your child will not be allowed to keep any medications in the dormitory.

Please complete the following areas that pertain to the student.

Please check the appropriate Box: This Person takes NO medication on a routine basis.
 This person takes medication as follows:

Medication	Reason (optional)	Dosage	√ if prescribed by Doctor	Administering Directions	√ if Taken with Food	Due to program scheduling, medications are administered during meal times. Please circle approximate times meds are taken.
						8:00am 12:00pm 5:30pm 9:15pm Other___ am/pm
						8:00am 12:00pm 5:30pm 9:15pm Other___ am/pm
						8:00am 12:00pm 5:30pm 9:15pm Other___ am/pm

Please Look Over and Follow the Medication Instructions Above

I hereby give permission to the program director, assigned staff member, and/or school personnel to help self administer medication to the student stated on this form.

_____ Signature _____ Relationship _____ Date

2. Allergies (food, insect bites, drugs, others): _____
3. Has your child been exposed to any communicable disease within the past 10 days? If yes, what disease _____
4. Are there any physical activities in which your child should not participate? _____
5. Has your child ever had a problem with homesickness? If YES, please explain briefly? _____
6. Date of last tetanus shot, if known: _____
7. Any other information we need to know about your child (special health concerns, special diet, recent hospitalizations, fractured bones, etc.): _____

Please feel free to attach an additional form if your child takes additional medication or there is anything else you think we need to know.

Ohio FFA Camp Muskingum Code of Conduct

OFBF/FFA Member: Please read the following, **Code of Conduct**. If you agree with and are willing to comply with all of the expectations of the **Code of Conduct and FFA Camp program**, please sign at the bottom of the page.

Parent or Guardian: Please read the following, **Code of Conduct**. Please sign the bottom of this form to show your intent to support the implementation of this **Code of Conduct** in regards to your child.

As an OFBF/FFA Member attending Ohio FFA Camp Muskingum, I understand that:

*I will be expected to participate in all aspects of the camp program and follow the daily camp schedule.

*If parental permission is granted on the Health and Registration Form, I can use the swimming area, boating equipment, and rifle, shotgun, archery and paintball equipment at those times provided in the camp schedule. Permission from the supervising instructor will be necessary.

*I am personally responsible for any athletic equipment I use and I will pay for any loss or damage.

* I will conduct myself with respect towards other campers, advisors and staff, so that I myself may be respected.

*I agree that I am not to have or use any form of tobacco, alcoholic beverages, drugs or firecrackers while at FFA Camp.

Failure to meet these standards will result in these steps:

- 1) I will call my parents/guardians and report any conduct not in compliance with these guidelines;
- 2) At the Director's discretion, this may also result in parent/guardian arranging transportation home.

I, _____ have read and understand the above Code of Conduct. I agree to abide by it.

(Signature of Student)

(Date)

Agreement with intent to support:

(Signature of Parent or Guardian)

(Date)