Kentucky National Guard 4-H Camp Application
24-29 July, 2016
PENDING CONTRACT APPROVAL
Deadline to apply 1 July 2016

Boys and Girls, ages 9 through 14, are invited to attend Kentucky National Guard Youth Camp 2016 at the 4-H Lake Cumberland Educational Center. This camp is free to all eligible campers. Applications will be accepted and selected in accordance with the following priority:

1. Children of active Kentucky National Guard members.
2. Survivors of Kentucky National Guard members.
3. Grandchildren of active Kentucky National Guard members.
4. Children and grandchildren of Kentucky National Guard retirees.
5. Children of National Guard members of other states that currently reside in Kentucky.
6. Siblings, nieces or nephews of Kentucky National Guard members.

Circle priority that applies for your child's application: 1 2 3 4 5 6

In-processing and camp orientation will begin at 2:00pm (EST) on Sunday, July 24, 2016.

Please print clearly.

Youth's name: _____
(Last) (First) (Middle) (Name child prefers)

Street address: _____

City: _____ State: _____ Zip code: _____

Age: _____ Date of birth: _____ Gender: _____ Race: _____
(Necessary to comply with affirmative action-civil rights standards).

Insurance carrier: _____ Policy#: _____

Has camper attended Kentucky National Guard Youth Camp in the past: Yes or No
(Please circle one)

Does camper have their Hunter's Education Card? (Orange Card): Yes or No
(Please circle one)

Note: Please bring your child's SSN Number with you and identify them at registration if they do not have their Hunter's Education Certificate. Kentucky Dept. of Fish and Wildlife will need this to process their cards upon completion of the course.

Parent's name: _____ Home phone: _____

Work phone: _____ Cell Phone: _____ Emergency phone: _____

E-mail address: _____

Service Member Information:

Service Member's name: _____ Rank_____

Relationship to camper: _____

Service Member's e-mail address: _____

Service Member's unit: _____Service Member's MACOM_____

Is Service Member currently deployed: _____

Is Service Member in the KY National Guard? Yes ___ No ___ If not what state? _____

Is Service Member retired? Yes ___ No ___

Phone numbers: Home: _____ Work: _____ Cell: _____

Emergency phone number if different than above: _____

Alternate contact person: _____Relationship to child: _____

Phone numbers: Home: _____ Work: _____ Cell: _____

Please mail the following:

- ✓ Completed application *(Pg 1 & 2)*
- ✓ Parental permission *(Pg 3)*
- ✓ *A copy of health insurance card (Including Tri-Care ID)* This is Important!
- ✓ Essential Standards for children with special needs *(If applicable)(Pg 4)*
- ✓ Medical treatment permission form*(pg 5 & 6)*
- ✓ Media release *(pg 7)*
- ✓ Medication administration consent for prescription medicine *(If applicable)(pg 8)*
- ✓ Medication administration consent for over the counter medicine *(If applicable)(pg 9)*
- ✓ Controlled Substance Agreement/Waiver of claim statement *(pg 10)*
- ✓ Pick-up/Release Form *(pg 11)*

Mail to:

Boone National Guard Center
ATTN: KG-G1-FP (Kentucky National Guard Youth Camp)
128 Minuteman Parkway (ANNEX)
Frankfort, KY 40601

All applications and attachments can be mailed, e-mailed, or faxed to the contacts below.

Cindy Culver
Lead Child & Youth Program Coordinator
Office: (502)607-1751
Fax: (502)607-1570
E-Mail: cynthia.r.culver.ctr@mail.mil

Linda Jones
Child & Youth Program Coordinator
Office: (502)607-1593
Fax: (502)607-1570
E-Mail: Linda.s.jones36.ctr@mail.mil

Parental Permission

My child, _____, has my permission to
(Camper's name)
attend Kentucky National Guard Youth Camp, July 24-29, 2016 at the 4-H Lake Cumberland Education Center.

Additional Information:

In the event that any camper becomes very unhappy during camp every effort will be made to comfort the camper. No cell phones will be allowed with the camper. Kentucky National Guard Youth Camp staff will not allow a camper to call home during the duration of Kentucky National Guard Youth Camp. Only under special circumstances will a camper's request to call home be considered. If a camper cannot conform to Kentucky National Guard Youth Camp rules and regulations the camper's parent/guardian will be notified immediately and parents will be responsible to come to camp and pick up their child. If your camper gets sick during camp, the parent/guardian will be notified. If a camper's illness lasts for 8 hours or longer they will be sent home.

_____

Print name of parent or guardian

_____ _____

Signature of parent or guardian Date

Kentucky National Guard Youth Camp

Essential standards for children with special needs

It is the intent of Kentucky National Guard Youth Camp program to encourage and accept campers without regard to race, color, sex, religion, disability or national origin.

Parents of children who have medical conditions or other disabilities requiring special attention must alert Kentucky National Guard Youth Camp Program Coordinators to assure proper care. If the camper requires personal care or a level of attention not available through the staff or volunteers, a family friend or relative of the same sex over age 18 or a parent must accompany the child at no additional cost to the care provider. The care provider would be given a fee waiver for the week.

To determine whether a camper should be accompanied, the following factors will be considered:

- Ability to dress without assistance
- Ability to maintain personal hygiene, e.g. bathing, brushing teeth without assistance
- Ability to attend to toileting needs without assistance
- Ability to understand and follow oral or written instruction
- Ability to remain at rest or sleeping according to the camp schedule
- Ability to participate in group activities with minimal individual attention
- Ability to sustain a 15 hour (7am-10pm) camp day with limited rest periods
- Ability to understand and respond to potentially dangerous conditions (i.e. fire, storms, injury, etc.)
- Ability to take medications according to a pre-set schedule and with minimal assistance

In the event of a disagreement concerning the level of personal attention an individual camper may require; Kentucky National Guard State Family Programs Director will consult with the parent, 4-H staff, and other professionals concerning the child's ability to participate safely in camp activities.

_____

Print name of parent or guardian

_____ _____

Signature of parent or guardian Date

Camper Health History
Health History Form
The information on this form is part of the applicant's acceptance process.
It is gathered to assist us in identifying appropriate care in the event of an emergency.
This side to be completed by parents/guardian of applicant

Youth INFORMATION

Last name _____ First name _____ MI ____ Date of birth _____ Male/Female _____

Address _____ City _____ State ____ Zip code _____ Home phone _____

Parent/Guardian INFORMATION

Last name _____ First name _____ MI ____ Relationship to child _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Work phone _____ Alternate phone number _____

E-Mail address _____

Youth EMERGENCY INFORMATION

Last name (Emergency contact) _____ First name _____ MI ____ Relationship to child _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Work phone _____ Alternate phone number _____

Last name (ER contact) _____ First name _____ MI ____ Relationship to child _____

Address _____ City _____ State ____ Zip _____

Home phone _____ Work phone _____ Alternate phone number _____

Important---This box must be completed for attendance

This health history is correct to the best of my knowledge, and the person described has permission to engage in all prescribed camp activities, except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of the base area of operations.

Signature of parent or guardian _____ Date _____

Health care recommendations completed by parent/guardian of camper:

Is the applicant's immunizations up to date? YES NO
If no please explain _____

_____

Date of last tetanus booster _____

Is applicant allergic to any medication? YES NO
If yes please explain: _____

_____

_____

Is the applicant under the care of medical personnel for any conditions(s)? YES NO
If yes please explain: _____

_____

_____

Is the applicant currently receiving treatment? YES NO

Should treatment continue while at youth camp? YES NO

Additional health information: _____

_____

_____

_____

_____

_____

Does the applicant require any dietary restrictions? YES NO
If yes please explain:

_____

Should any activities be encouraged or limited? YES NO
If yes please explain:

_____

Should the applicant's condition preclude his/her participation in an active program? YES NO
If yes please explain:

_____

Any other concerns that the staff should be aware of? _____

_____

_____

Health History

	Yes	No
Frequent ear infections	[ ]	[ ]
Heart defect	[ ]	[ ]
Convulsions	[ ]	[ ]
Diabetes	[ ]	[ ]
Epilepsy	[ ]	[ ]
Bleeding disorder	[ ]	[ ]
Hypertension	[ ]	[ ]
ADHD	[ ]	[ ]
Other	[ ]	[ ]

Allergies

	Yes	No
Hay fever	[ ]	[ ]
Poison ivy, etc	[ ]	[ ]
Insect stings	[ ]	[ ]
Asthma	[ ]	[ ]
Medications (list at left)	[ ]	[ ]
Peanut	[ ]	[ ]
Latex	[ ]	[ ]
Other (specify)	[ ]	[ ]

Miscellaneous

	Yes	No
Is the child a bed wetter?	[ ]	[ ]
Does the child sleep walk?	[ ]	[ ]
Is this the child's first camp?	[ ]	[ ]

For Girls

Has this child menstruated?	[ ]	[ ]
If no, has she been told about menstruation?	[ ]	[ ]
Is her menstrual history normal?	[ ]	[ ]

Special instructions?

_____

MEDIA RELEASE

I understand that local and state level Kentucky news media, 4-H, The American Red Cross, Department of Fish and Wildlife, Operation Homefront, Kentucky National Guard State Family Programs Office, and the Kentucky National Guard Public Affairs Office may be invited to view, photograph or film portions of the training, and to interview attendees. My photograph, image, quote or voice may be published, copyrighted or otherwise used in various social media channels.

PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 301, 10 U.S.C. 8012 and EO 9397

PRINCIPAL PURPOSE: To prepare photographs for new stories written by military and civilian news media reporters to recognize the achievements of participants and members of the Kentucky National Guard.

ROUTINE USE: Information may be disclosed to 4-H, The Department of Fish and Wildlife, American Red Cross, Operation Homefront, The Kentucky National Guard, and National Guard Bureau agencies to include valid local and state level news media. Once information is published, it is considered public domain.

DISCLOSURE IS VOLUNTARY: Releases of this nature are used, not only to recognize achievements of members, participants, and the State Family Programs Office but to act as a catalyst for enhancing public understanding of the military in general as a vital part of our free society.

_____
Print name of parent or guardian

_____ _____
Signature of parent or guardian Date

MEDICATION ADMINISTRATION CONSENT
For Prescription Medicine

Request for Kentucky National Guard Youth Camp personnel to administer prescription medication during the camp session requires that this statement be filed with Kentucky National Guard Youth Camp medical personnel.

Please note that it is required to have one of these forms for each medication.

Camper's name:

_____
(Last) (First) (Middle) (Name child prefers)

Gender: _____ Date of birth: _____

Diagnosis: _____

Name of drug _____ Take with food? Yes / No (please circle)

Last date and time you administered this medicine to your child? _____

Date to start _____ Through _____

Dosage and times _____
(Please specify AM or PM with times)

Special instructions for storage and handling _____

Possible side effects _____

Printed name of health care provider: _____

Address: _____ Phone: _____

The health care provider may be a medical doctor (M.D.), dentist (D.D.S.), physician assistant (P.A. or a registered nurse practitioner/clinician (RNCS).

I understand that all medications provided to Kentucky National Guard Youth Camp medical personnel must be in the original medication bottle containing the name of the camper, expiration date, dose instructions, and name of prescribing doctor. All medication will be collected and administered by camp medics or a nurse. Please be sure your child has enough medication to last them the entire week. Please do not send camper with expired medication. Any unused medication will be returned with the camper.

_____
Print name of parent or guardian

_____ _____
Signature of parent or guardian Date

MEDICATION ADMINISTRATION CONSENT
For over the counter medicine

Request for Kentucky National Guard Youth Camp personnel to administer over the counter medication during the camp session requires that this statement be filed with Kentucky National Guard Youth Camp medical personnel.

Camper's name:

_____
(Last) (First) (Middle) (Name child prefers)

Gender: _____ Date of birth: _____ Age: _____ Child's weight: _____

PARENTAL CONSENT FORM

During camp, medical personnel on duty or individual designated by him/her has my permission to administer the following over the counter medications as deemed necessary by Kentucky National Guard Youth Camp Medical Personnel to

_____
(Child's name)

Initial beside all that apply

_____ Benadryl _____ Calamine Lotion _____ Tylenol _____ Motrin
_____ Pepto-Bismol _____ Sudafed _____ Advil _____ Triaminic
_____ Antacids

I understand that all medications initialed above will be administered to the camper based on dosing instructions on the medication bottle/package. In no instance will campers be allowed to self medicate with any medication whether it is over the counter or prescription. (Parents initials _____)

If you do not want your child to be administered certain over the counter medications, please specify medication in the space below or write "Do not medicate my child with any over the counter medications."

_____

_____

_____
Print name of parent or guardian

_____ _____
Signature of parent or guardian Date

Kentucky National Guard Youth Camp
Camper Controlled Substance Agreement and Statement of Understanding

1. I understand that in no instance will campers be allowed to self-medicate with any medication whether it is over the counter or prescription.
2. I understand that all prescription and over the counter medicine will be turned in to camp personnel at the time of in-processing.
3. I understand that the camper will be immediately dismissed if prescription or over the counter medicine or any type of controlled substance, to include alcohol, is found in possession of the camper. I understand that the camper is subject to random search of belongings by camp staff only.
4. I understand this is to be signed to acknowledge that I went over the rules with the camper before attending camp and agree to comply with stated rules or be dismissed from camp.

_____
Print name of camper

_____ _____
Signature of camper Date

_____
Print name of parent or guardian

_____ _____
Signature of parent or guardian Date

WAIVER OF CLAIM

I hereby voluntarily waive any claim against Kentucky National Guard Youth Camp to include camp staff members, campers, Kentucky Military Affairs, or the United States of America for any or all causes that may arise in connection with the participation of
_____ in Kentucky National Guard Youth Camp.
(Camper name)

_____
Print name of parent or guardian

_____ _____
Signature of parent or guardian Date

PICK-UP/RELEASE FORM

This form must be completed or your child will not be permitted to attend youth camp

It is my responsibility to arrange to pick-up my child/children upon completion of Kentucky National Guard Youth Camp. Campers can be picked up starting at 11:00am on Friday, July 29, 2016. All campers must be picked up no later than 1:00pm. There will be no exceptions to this policy.

CAMPER NAME: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

If applicable, the custodial parent: _____

IF A CAMPERS PARENTS ARE SEPARATED OR DIVORCED, UNLESS THE CAMP IS PROVIDED WITH A COPY OF A KENTUCKY COURT ORDER TO THE CONTRARY, BOTH BIOLOGICAL AND ADOPTIVE PARENTS HAVE ACCESS TO THE CAMPER.

The camper named above has my permission to be picked up by person (s) listed below. I understand that my child cannot be picked up from the campgrounds by anyone except his/her guardians unless they are on this list. Please inform everyone on this list that he/she may be asked to present a valid driver's license or photo ID before the camper will be released.

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

When a camper is not picked up or when no one listed above is present to pick up a camper, the camper will be turned over to local child protection authorities.

By signing this, I acknowledge that I have read all the above information related to picking up my child/children when Kentucky National Guard Youth Camp is complete, and I have instructed my child not to leave with anyone unless they are listed above.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE:_____ **RELATIONSHIP TO CAMPER:** _____