

# Kentucky National Guard 4-H Camp Application

PENDING CONTRACT APPROVAL

28 July-2 Aug, 2019

Boys and Girls, ages 9 through 15, are invited to attend Kentucky National Guard Youth Camp 2019 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: Deadline to apply is 15 July 2019.

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 be on Sunday, July 28, 2019.

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-G9-FP (Kentucky National Guard Youth Camp)  
100 Minuteman Parkway, 124B  
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  
Cell: (502)-234-8658  
Office: (502)607-1751  
Fax: (502)607-1570  
E-Mail: [cynthia.r.culver.ctr@mail.mil](mailto:cynthia.r.culver.ctr@mail.mil)

Linda Jones  
Child & Youth Program Coordinator  
Cell: (502) 680-5170  
Office: (502)607-1593  
Fax: (502)607-1570  
E-Mail: [Linda.s.jones36.ctr@mail.mil](mailto:Linda.s.jones36.ctr@mail.mil)

## Parental Permission

My child, \_\_\_\_\_, has my permission to  
(Camper's name)  
attend Kentucky National Guard Youth Camp, July 28-Aug-2, 2019 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.

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Print name of parent or guardian

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Signature of parent or guardian

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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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Last name</td> <td style="width: 20%; border-bottom: 1px solid black;">First name</td> <td style="width: 10%; border-bottom: 1px solid black;">MI</td> <td style="width: 20%; border-bottom: 1px solid black;">Date of birth</td> <td style="width: 20%; border-bottom: 1px solid black;">Male/Female</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Address</td> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip code</td> <td style="border-bottom: 1px solid black;">Home phone</td> </tr> </table>	Last name	First name	MI	Date of birth	Male/Female	Address	City	State	Zip code	Home phone														
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	<p style="text-align: center;">Important---This box must be completed for attendance</p> <p>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.</p> <p>Signature of parent or guardian _____ Date _____</p>																								

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 Department of Fish and Wildlife, The American Red Cross, 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, 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.

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Print name of parent or guardian

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Signature of parent or guardian

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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.), chiropractor (D.C.), 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, August 2, 2019. 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 name: \_\_\_\_\_

**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: \_\_\_\_\_