Hello Campers and Parents!

Welcome to the 2015 summer camping season! Summertime is fast approaching and we are looking forward to a fun filled camp week **July 6 – 10 at Camp Cloverleaf**. This year, we will be sharing the week of camp with Brevard County. Campers will have an exciting week of outdoor recreation and educational activities planned for them this summer & whether you are new to camp or an experienced Camper, we are excited to have you with us, taking part in camp this year! Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms.

***Please note: All completed forms must be received in the office on or before Friday, June 5 at 5:00 PM. Camping fees must be paid IN FULL by Friday, June 26 at 5:00 PM.***

Should you have any questions, concerns, or need assistance filling out these forms, please contact the office: 941.861.9814 or rmccaffe@scgov.net.

Thank you and looking forward to another great year of Camp!

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**Reminder**

**Complete and Return**

- Registration Form
- 4-H Participation Form
- Camp Authorization Form
- FL 4-H Medication Form
- Summer Food Service Form (if applicable)

**Dates & Deadlines**

All camp forms must be completed and received in the office on or before **5 PM, Friday, June 5**.

**Camp Fee:** **$215**

Make check or money order payable to: Sarasota 4-H Foundation

Refunds will not be given after arrival on Monday, July 6.

**Counselour Orientation**

This mandatory orientation will take place: **Saturday, June 27 at Camp Cloverleaf**

**Submit Applications**

To the UF/IFAS Sarasota County Extension (4-H) Office
6700 Clark Road
Twins Lakes Park – Green Building
Sarasota, FL 34241
4-H CAMP CLOVERLEAF JULY 6 – 10, 2015
REGISTRATION FORM

Please circle:

Camper (Age 8-12)  Counselor-In-Training (Age 13)  Counselor (Age 14-18)  Adult

Age (Youth Only):_________ (9/1/2014)

Name:_____________________________________________________________ Gender: Male  Female

Address:_____________________________________________________________________

City: _______________  Zip: ___________  Email: ______________________________

Phone (cell & home):_________________________________________________  4-H Club:____________________

Emergency Contact:

Primary Contact: _________________________  Phone (home & cell): _________________________

Secondary Contact: _________________________  Phone (home & cell): _________________________

Costs & Payment Information:

The cost of camp is $215. A deposit of $100 must be turned in with a completed application packet and returned to the UF/IFAS Sarasota County Extension (4-H) Office. Final payments must be received by Friday, June 26. Partial Scholarships are available upon request.

Check must be made payable to: Sarasota County 4-H Foundation.

Rooming Request:

Please indicate the name of a friend with whom you would like to have in your cabin (1 person of the same gender). Sorry, we cannot accommodate group requests as space is limited.

Please understand that we group campers based upon age; your cabin request must be within the 2 years of your age in order to be considered for placement.

Request 1 (one) cabin friend: __________________________________________

*Completed camp packets are due by Friday, June 5, 2015.

OFFICE:

Date received ___________________

Check# _______________________

Amount _______________________
WHERE:
4-H Camp Cloverleaf, Lake Placid, Florida. The camp is located on Lake Francis, just north of Lake Placid. Campers are housed in concrete cabins (six to eight campers, with a counselor and CIT, per cabin). The bathhouses are located behind the cabins. Visit the Florida 4-H website (florida4h.org) for more information about Camp Cloverleaf.

CHECK-IN: TWIN LAKES PARK, Green Building Auditorium, 6700 Clark Road. Monday, July 6 at 8:00 - 8:30 a.m., Please park in the VISITOR parking lot. The BUS will park in front of the Orioles Bldg.

DEPARTURE:
8:45 a.m. Lunch will be served at Camp Cloverleaf.

RETURN:
We will depart camp approximately at 10:30 a.m., Friday, July 10 and arrive at the 4-H OFFICE, TWIN LAKES PARK at 12:00 noon. If someone other than a parent needs to pick up your child you will need to make arrangements with staff and complete a Camp Release Form. Call the office at 861-9814 to do this.

*** Parents need to pick up their camper(s) at Twin Lakes Park on Friday, July 10 at 12:00 Noon ***
REGISTRATION FORMS:

ALL CAMP FORMS ARE DUE IN THE 4-H OFFICE BY Friday, June 5, 2015
ALL CAMP BALANCES ARE DUE Friday, June 26, 2015.

Availability is on a first come, first-filled basis. NO CASH ACCEPTED - Payment must be by check or money order payable to the Sarasota County 4-H Foundation.

SPENDING MONEY:
Please bring one envelope for each camper’s spending money at the camp store. This should be MARKED WITH the camper’s NAME and AMOUNT and turned in at check-in before getting on the bus. PLEASE DO NOT COMBINE SIBLING MONEY! EACH CAMPER SHOULD HAVE HIS or HER OWN ENVELOPE. (Camp T-shirt’s are $10 / Hats $10)

CAMP PHONES
If there is an emergency and you need to reach your child, call the camp at (863) 465-4884. If no one answers, there is an answering machine for you to leave a message. Parents -- please do not ask your camper to call you upon arrival at camp. If you need to call your child please make arrangements with staff ahead of time, or use the camp phone. It is checked continuously.

HEALTH & SAFETY:
A certified lifeguard will be on duty at the waterfront for all scheduled waterfront activities. A volunteer leader will be the Health and Safety Coordinator and will be posted at the first aid station. The Health and Safety Coordinator will be responsible for dispensing all medications and handling minor health and safety incidents.

Medical emergencies will be handled at the primary care facility in Lake Placid. If a camper is taken to the primary care facility, the family will be notified immediately. In cases of illness or injuries (non-emergency) which prohibits the camper from participating fully at camp (sprains, flu-like symptoms, rashes, etc.) parents will be notified and required to make arrangements to pick up their camper

MEDICATION:
All medication must be turned in at check-in. Medications prescribed for campers MUST be in their original containers bearing the pharmacy label which shows:
* Prescription number
* Name of the drug
* Date filled
* Physician’s name
* Directions for use
* The patient’s name

Any deviations from the written instructions on the original container must be verified in writing by the prescribing physician. PLEASE PROVIDE A LARGE ZIP LOCK BAG clearly labeled with your child’s name for the containers.

NON-PRESCRIPTION DRUGS - State law prohibits non-prescription drugs being brought to camp. If any non-prescription/over-the-counter medications (acetaminophen, ibuprofen, Benedryl, allergy pills, etc.) are needed at camp, we must have written authorization from a physician. Please be sure to PICK UP your child’s medications on FRIDAY, when we return.
MAIL:
If you wish to send a letter to your child, remember it takes approximately 3 days for a letter to arrive. Letters should be sent to:

CHILD’S NAME
SARASOTA COUNTY 4-H CAMP
126 CLOVERLEAF ROAD
LAKE PLACID, FL 33852

DISCIPLINE:
Discipline WILL NOT be a problem at camp. Parents will be called IMMEDIATELY to pick up their child if a discipline problem does arise. FAILURE TO IMMEDIATELY COME AND PICK UP YOUR CHILD WILL PROHIBIT HIM OR HER FROM CAMPING THE FOLLOWING YEAR.

STAFF:
Both Sarasota & Brevard County 4-H staff will conduct the camp program. The camp has summer staff members who will be conducting camp sessions, kitchen staff, and a resident manager. Additionally, adult volunteers will be recruited to assist with the camp program. Teen members will serve as camp counselors and counselors in training (CIT).

CAMP SESSIONS:
Camp Cloverleaf will offer a variety of fun, interesting, and exciting classes with a Jungle Theme this summer. We have not finalized our selections of classes; but all campers will participate in all activities. Generally the campers will be divided into four groups. Campers will remain in these groups for the length of the week. Campers will be divided by age to accommodate activity objectives.

Activites may include:
- Recreational: Swimming, Volleyball, Archery, Crafts, and Scavenger Hunt
- Aquatic/Marine: Fishing, Canoeing, Kayaking, Boating and Touch Tanks
- Environmental: Endangered Species, Interpretive Hikes, Entomology, and Swamp Tromp
- Evening Activities: Owl Prowl, Night Hike, Campfire, and Dance

WHAT NOT TO PACK:

DO NOT BRING: **CELL PHONES**, Water pistols, balloons, shaving cream, knives or firearms, fireworks of any kind, cigarettes or tobacco products, lighters, alcoholic beverages, gum, candy, food, beverages, valuable objects, expensive jewelry, radios (counselors will have one), laser pens, or inappropriate music. We discourage 4-Hers from bringing valuable items like electronics (MP3’s, IPOD’s…) or jewelry as these items may be damaged or lost, and we will not be responsible.

If any of the above mentioned items are brought to camp, they WILL BE CONFISCATED and returned to YOUR PARENTS upon return from camp. SERIOUS INFRACTIONS WILL RESULT IN THE CAMPER BEING SENT HOME IMMEDIATELY.
**What to Expect From Camp:**

**As a camper, you can expect to:**

- Participate and have fun.
- Enjoy good meals in the dining hall.
- Feel a little tingle up your back at the flag ceremonies.
- Do a variety of hands-on activities in all classes.
- Become good friends with your counselors and other campers.
- Spend time in the water.
- Be outside and learn about nature, the environment, and wildlife.
- Sing and play games around a campfire.
- Make a variety of crafts.
- Your leader and Extension agents care about you. If you hurt yourself or do not feel good, let them know. They will know how to care for you.

**What NOT to Bring:**

- Insect repellent
- Clearly label all belongings!

- Electronic games
- Radios or CD/tape players
- Chewing gum
- Food
- Fireworks
- Alcohol or tobacco products
- Guns, knives (including pocket knives) or any other items that could cause harm to another camper

**What to Bring:**

- Sheets and blanket, or sleeping bag
- Pillow (if desired)
- Pajamas (or clothing to sleep in)
- Toothbrush and toothpaste
- Brush and comb
- Soap
- Shampoo
- Towels and washcloth
- Swimsuit
- Sweater or jacket
- Tennis shoes or sneakers
- Flip flops to go to the waterfront
- Several changes of play clothing
- Under garments
- Postcards and stamps (if you would like them to write to someone)
- Sunscreen lotion
- Flashlight
- Camera
Florida 4-H Participation Form for Youth and Adults

Directions: This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in 4-H.

Name: ____________________________ Last Name: ____________________________ First Name: ____________________________ 4-H County/District: ____________________________

Birthday: ___/___/___  Youth’s Age (As of Sept.1, 2014): ___ Male or Female: ___

Home Address: ____________________________ City, ST, Zip: ____________________________ Home Phone (_____): ____________________________

City, ST, Zip: ____________________________ Home Phone (_____): ____________________________

Name of Parent/Guardian or Emergency Contact: ____________________________ Relationship to Participant: ____________________________

Emergency Contact Primary Phone (_____): ____________________________

Name of Family Doctor: ____________________________ Doctor’s Office Phone: (_____): ____________________________

Name of Health Insurance Company: ____________________________ Policy #: ____________________________

Name of Insured: ____________________________ Relationship to Participant: ____________________________

HEALTH FORM

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

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<tr>
<th>Conditions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>1) Asthma</td>
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<td>2) Bronchitis</td>
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<td>3) Convulsions</td>
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<td>4) Diabetes</td>
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<td>5) Ear Infection</td>
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<td>6) Fainting</td>
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<td>7) Heart Condition</td>
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<td>8) Headaches</td>
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<td>9) Hypoglycemia</td>
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<td>10) Serious Insect Stings</td>
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<td>11) Wear Glasses</td>
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<tr>
<th>Conditions</th>
<th>Yes</th>
<th>No</th>
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<td>12) Wear Contact Lenses</td>
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<td>13) Penicillin Allergy</td>
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<td>14) Aspirin Allergy</td>
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<td>15) Tetanus Allergy</td>
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<td>16) Other Drug Allergies</td>
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<td>17) Food Allergies</td>
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<td>18) Serious Ivy, Oak, or Sumac</td>
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<td>19) Sunscreen Allergies</td>
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<td>20) Other Allergies</td>
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<td>21) Other Health Conditions</td>
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The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.

☐ Antihistamine
☐ Antacid
☐ Ibuprofen (Advil)
☐ Acetaminophen (Tylenol)
☐ Hydrocortisone
☐ Decongestant
☐ Dramamine
☐ Polysporin (topical antibiotics)
☐ Aloe Vera Gel for Sunburn
☐ Please contact me for permission to administer ANY over-the-counter medications.

Date of Last Tetanus Shot: ____/____/____

Please explain “Yes” answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Does the participant use an inhaler and/or an EpiPen? □ Yes □ No If yes, mark which is used: □ Inhaler □ EpiPen

Disabilities: If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

Special Needs: If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

Medical Consents

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician’s written instructions or instructions on packaging. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.

_________ (Initials) □ Yes □ No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

* Consent is required to participate in Florida 4-H.

Revised August 1, 2014 for 2014-2015 4-H Year
**Florida 4-H Code of Conduct for Youth and Adults:** As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
5. Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

**Youth or Adult Agreement:**

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<th>______ (Initials)</th>
<th>□ Yes</th>
<th>□ No</th>
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<td>I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service. **</td>
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**Parent/Guardian Agreement:**

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<td>I understand and agree to the Florida 4-H Code of Conduct above. **</td>
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**General Release:** In consideration for my and/or my child’s participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as “RELEASEES”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted. I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

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<td>I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **</td>
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**Transportation Policy:** I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver’s license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers’ compliance to 4-H policies and procedures.

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<td>I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **</td>
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**Publicity Release:** I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

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<th>______ (Initials)</th>
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<th>□ No</th>
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<tr>
<td>I authorize use of my—or my child’s individual image and voice. I am a Parent/Guardian or Adult Participant ***</td>
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**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

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<th>______ (Initials)</th>
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<tr>
<td>I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant ***</td>
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**Consent is required. Marking “No” for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.**

**Consent is not required to participate in Florida 4-H.**

**Youth or Adult Member Signature: __________________________ Date: __________________________**

**Parent/Guardian Signature: __________________________ Date: __________________________**
Florida 4-H Camping Official Authorizations

Cell Phone Policy

Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Campers are not allowed to bring cell phones or any other electronic devices to camp. If a cell phone is brought with a camper it will be held by the County Agent until they return to the county office. I understand that in case of emergency my camper may be contacted by calling the office of the 4-H Camp my child is attending or by contacting their county agent directly while at camp.

Yes [ ] No [ ] Participant: I have read the cell phone policy above and agree to live up to the expectations. I realise my failure to do so could result in loss of privileges during the event and in the future.

Yes [ ] No [ ] Verification by Parent/Guardian: By checking the box, I understand and agree to the cell phone policy above. Checking the box is considered a Parent/Guardian Signature.

Graffiti Policy

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces. Campers are not allowed to defame or deface ANY camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

Camp Release

This authorization form must be completed in full for someone other than the signing parent/guardian(s) to pick up a child from camp. Persons leaving camp will be required to check out and show their license or other picture ID as proof of identification. If a teen drives themselves or other friends, be sure to list the teen driver as an authorized release person.

_________________________ _______________________
Signature of Parent or Legal Guardian Date

_________________________ _______________________
Signature of 2nd Parent or Legal Guardian Date

*If married or divorced, but having joint custody of the youth, both parent/guardians must sign. If divorced and having sole custody of the youth, only the parent/guardian with sole custody needs to sign.

_________________________ _______________________
Member Signature Date

_________________________ _______________________
Parent/Guardian Signature Date
Florida 4-H Medication Form

Youth Name: __________________________                      4-H County: __________________________

Directions for Parents and Guardians: Please complete this form for any medication your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers or any other items. This form must accompany your child’s medication for the activity. Any medication not meeting the following requirements will not be allowed at a Florida 4-H activity.

All prescription medications MUST:
  • Be in the original container with a prescription label
  • Be properly labeled with the youth’s name, dosage, & frequency
  • Have directions that match what is prescribed
  • Have the doctor’s name and prescription number
  • Not be expired
  • Sample medications must have a written prescription from doctor

Special consideration for inhalers and/or Epinephrine (“EpiPen”):
  • The inhalers and/or EpiPens should be in their prescription box with their prescription label.
  • If you’ve thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date.
  • We cannot accept expired inhalers or EpiPens.

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins etc.) MUST:
  • Be in the original container
  • Marked with youth’s name
  • Not be expired

I request that a person designated by Florida 4-H give my child, __________________ the following medication:

1) Name of medication: ____________________________________________________________
Amount to be given: ______________________________________________________________
Time of day to be given: __________________________________________________________
Directions, if to be given “as needed”: ________________________________________________
Dates medication is to be given: From ___/___/___ To ___/___/___
Prescribing doctor’s name: _________________________________________________________
Illness or condition prescribed for: ___________________________________________________
If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?
Yes _____ or  No_____ 

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H’s designated person will administer the medicine to my child in good faith, at request. I certify that I have signed the Florida 4-H Medication Consent provision in addition to this form.

____________________________________  ________________________________
Parent/Guardian                        Signature Date

If you are sending more than one medication for your child, please complete the second page of this form.
Youth Name: __________________________  4-H County: __________________________

**Additional Medications**

2) Name of medication: __________________________________________________________
   Amount to be given: ___________________________________________________________
   Time of day to be given: ______________________________________________________
   Directions, if to be given “as needed”: _______________________________________
   Dates medication is to be given: From ____/____/____ To ____/____/____
   Prescribing doctor’s name: _________________________________________________
   Illness or condition prescribed for: ___________________________________________
   If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?
   Yes ____  or  No____

3) Name of medication: _________________________________________________________
   Amount to be given: _________________________________________________________
   Time of day to be given: _____________________________________________________
   Directions, if to be given “as needed”: _______________________________________
   Dates medication is to be given: From ____/____/____ To ____/____/____
   Prescribing doctor’s name: _________________________________________________
   Illness or condition prescribed for: ___________________________________________
   If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?
   Yes ____  or  No____

4) Name of medication: _________________________________________________________
   Amount to be given: _________________________________________________________
   Time of day to be given: _____________________________________________________
   Directions, if to be given “as needed”: _______________________________________
   Dates medication is to be given: From ____/____/____ To ____/____/____
   Prescribing doctor’s name: _________________________________________________
   Illness or condition prescribed for: ___________________________________________
   If inhaler or EpiPen, does the youth have to carry on-person and self-medicate?
   Yes ____  or  No____