

WILSON COUNTY 4-H

Junior Camp

INFORMATION



Camp Info

- June 22–26, 2026
- Overnight lodging is at the Clyde M. York 4-H Center in Crossville, TN
- Grades 4th–6th
- Price: \$400

Deadlines & Dates

- **April 7th:** Camp Sign Up Day (East/West Building at James E. Ward Ag Center)
- **April 7th:** Scholarship Application Deadline
- **May 1st:** Final Payments Due
- **June 1st:** Camp Launch Party (4–6 p.m.) – UT-TSU Extension Office
- **June 1st:** Camp Parent Meeting (6 p.m. following Launch Party) – UT-TSU Extension Office
- **June 22nd:** Drop off 8 a.m. (East Building at James E. Ward Ag Center)
- **June 26th:** Return by Noon (Entertainment Pavilion at James E. Ward Ag Center)

How to register for this camp:

- Camp sign up day will be on April 7th beginning at 7 a.m.
- Space filled as first come first serve and continuing until all spots are filled.
- A minimum of \$100 and completed packet is required to reserve a spot for camp, with remaining balance due by May 1st.
- The Camp Registration forms will be available to print online or can be picked up from the UT-TSU Extension Wilson County office. **NO APPLICATIONS WILL BE ACCEPTED UNTIL SIGN UP DAY ON APRIL 7th!!**
- The Registration forms must be completed on Camp Sign Up Day on Tuesday, April 7th in order to reserve your child a spot.
- **Waiting List Procedures:** Because we camp with other counties, we have an 88 camper quota. We have a guaranteed 44 spots per gender (44 male and 44 female). In the event that one gender fills up on camp sign up day, we will start a waiting list. **To be on the waiting list, all paperwork must be complete.** We will notify families as soon as spots become available.

Please read over the rest of this packet carefully for frequently asked questions and other information. If you still have questions or need any other information, please do not hesitate to call or email us.

UT-TSU Extension Office
925 E Baddour Pkwy, Lebanon, TN 37087
Phone: 615-444-9584
email: EXT-WilsonCo@utk.edu



Payment Information

Camp costs include transportation, lodging expenses, meals, special programs and a t-shirt. Payments can be made via check or credit card on Camp Sign Up Day on April 7th. Camp payments are non-refundable.

Total **Cost: \$400**

Make checks payable to The University of Tennessee.

Payment Plan

If a payment plan is needed, payment installments can be made via check or credit card at Camp Sign Up Day and the UT-TSU Extension office after the sign up date.

Installment Option (3 separate payments that can be made at anytime with the first payment on April 7th and the other two anytime before May 1st). Installments must be made in person at the Extension Office.

- Installment 1: \$100
- Installment 2: \$150
- Installment 3: \$150

Camp Launch Party & Parent Meeting

A camper launch party will take place June 1st from 4-6 p. m. There will be snacks and refreshments! The Parent meeting will take place immediately following at 6 p.m. and will conclude no later than 7 p.m. If you plan to be out of town, please let us know as important information will be shared that evening!

Camp Scholarships

We have camp scholarships available for campers who are in need of financial assistance to attend camp. Camp scholarship applications are available upon request. Camp scholarships cover half of the cost of camp. Campers who receive a scholarship will pay \$200 this year. Scholarship Applications for Junior 4-H Camp will be due on April 7th, and we will have copies at the camp sign up day available.

Registration Packet

- There are **TWO** sets of paperwork to complete that are detailed below. The camp registration form (4 pages and included in this packet) and the 600-A form (4 pages).
- Make sure to sign everything asking for signatures. There are several places your child must also sign.

Camp Enrollment Form (Page 1)

- This set of paperwork includes the 4-H enrollment form, demographics and contact information.
- Please make sure to note your child's t-shirt size on the form in the appropriate location.

Special Needs & Roommate Preferences (Page 2)

- Make sure to outline any physical, mental or dietary special needs your child has on this form.
- If your child has any dietary restrictions, outline them here.
- This form also includes roommate preferences. Please note, campers are typically roomed with other campers from their grade level and school. The roommate request is especially important if your child wants to room with a sibling, relative, or friend in a different grade or school.



Pick Up Permission/Consent (Page 3)

- Make sure every possible person who MIGHT pickup your child when we return from camp is included on the pickup form (first and last legal name). This includes YOU, parents, grandparents, older siblings, family and friends, or even a parent of another camper who may pick up both campers.
- A photo ID will be required at pickup to ensure that your child leaves camp with someone approved by you. Please write names on this form as they would appear on photo ID's and not nicknames.

Camp Rules (Page 4)

- Please make sure to read over the camp rules carefully and sign this form that both camper and guardian understand and agree to the rules.

600-A Form

- You MUST attach a current picture of your child as well as a copy of your insurance card (front and back) to the 600-A form. We will be able to make copies of insurance cards and take a photo of your child on camp registration day.
- Pay special attention to the First Aid Section (Section F) of the 600-A Form. Medications that you DO NOT check (Tylenol, Pepto Bismol, etc.) will NOT be given to your child unless marked.
- Please note that all information you provide us (including the special needs) will be kept confidential.
- Please note that signing of the 600-A Form consents your child to be photographed/videoed (Section C. Publicity Release). Photos and videos are taken throughout the week to share on our Wilson County 4-H social media and website and may be shared on Clyde M. York 4-H Center or other UT affiliated social media sites and websites (such as the Tennessee 4-H page, UT Institute of Agriculture page or UT Extension page). In the event you do NOT want your child photographed for any reason, please let us know so we can be advised.

Medications at Camp & Medication Forms (600M form)

- The medication form will be turned in with the 600-A form prior to camp.
- Every medication must be listed. If you need more copies, we will be glad to provide additional copies for you.
- We will match the medications you bring to drop off with the form that was turned in. Please notify us at drop off of any changes.
- Medications should be clearly labeled with camper's name in their ORIGINAL containers. Do NOT send medicines in pill containers or ziploc bags.
- Medications should be in date and NOT expired.
- Make sure the prescription is correct, and the dosage listed on the form MATCHES dosage information on the medication container.
- Medications listed on the First Aid Section (Section F) of the 600-A form do not have to be sent with your child from camp, UNLESS your child takes them daily for a specific reason. Please do not send your child to camp with over the counter medications.



Who will be at Camp?

4-H Agents Morgan Hacker and Grace Harville coordinate the logistics of overnight camp. The 4-H Center Staff and Camp Counselors provide leadership in conducting camp programming. A full time nurse and lifeguards will also be on site. Additionally, we will be taking a handful of volunteer adult (male and female) leaders to provide extra chaperone support. Volunteer leaders must be at least 19, complete a background check and attend our camp volunteer training. ***If you are interested in attending camp as a volunteer (at no cost to you) please call the office (615-444-9584).***

Camp Communication

Campers should **NOT** bring cell phones or any electronic communication devices to camp. If an emergency arises, you may reach your 4-H Agents (Morgan Hacker and Grace Harville) through the camp office (931-788-2288). Additionally, we will utilize the BAND app text service. This app will give you as the parent the ability to message us directly. We also send out reminders and alerts through this app. Please see the attached "BAND" app information page to sign up for this service.

Does my camper need to bring money to camp?

There are several opportunities for your child to spend additional money at camp on extra crafts, snacks and souvenirs. Your child is responsible for their own money. However, we will utilize a county "bank" system for those who would like to participate. You can send a small amount of money for your child to spend each day (Tuesday, Wednesday and Thursday) and they will be able to collect it from the county 4-H Agents at breakfast on those days. Your child will not need money for Friday. Envelopes will be available at parent meeting on June 1st and at camp launch.

What if my child has dietary needs?

Camp Staff will make every reasonable effort to make sure that campers have the foods they need at camp. Campers with dietary concerns are encouraged to bring their own meals and snacks if possible. Storage space, refrigeration, and cooking facilities will be provided at no additional cost. Please inform us of any dietary needs and restrictions so we can make a plan for your child at camp. Additionally, food labels for all menu items will be made available to them. Please note menu items contain food allergens like dairy, egg, soy, wheat, or may have been manufactured in facilities that use those ingredients, including peanuts, and tree nuts. While the 4-H Center uses reasonable efforts to inform guests of ingredients/allergens in their foods, due to cross-contact and other factors they cannot guarantee that any food items will be free of any specific allergen.

Cabins and Rooming Assignments

Cabins are split up into boys cabins and girls cabins. Each cabin contains 4 rooms for camps (bunk beds) and 1 room in the center for adult leaders. Each cabin also contains a community style bathroom with individual stalls and showers. Your child will be assigned a cabin and a room (typically rooms are assigned by grades and schools). They will then be allowed to select their own beds within that room. Each room contains about 10-12 campers. Your child can request a roommate on the registration forms and we will do our best to honor roommate requests.



Will I be able to visit camp or pickup my camper early?

For the safety of our campers and camp staff, the gates around camp will remain locked with only approved persons having access to come and leave. We discourage parents from visiting campers as it provides a strain on camp staff to allow people in and out, and typically only promotes homesickness. You will not be able to pay for partial camp weeks or be refunded for partial stays at camp if your child has to leave early. However, in the event that something happens and you need to pick up your child, please communicate with 4-H agents. There is an early release form that must be completed for your child to leave AND 4-H agents will need to notify camp staff of your arrival to get in the gates.

Electronics

Please do **NOT** send your child to camp with valuable items and electronics (cell phones, ipads, gaming systems, etc.). There are not enough outlets to keep these items charged and no access to internet for many of these items to work properly. Typically, these items are more prone to being lost, stolen or damaged at camp.

Can I send my child mail?

Sure! Letters and postcards are encouraged. Send letters with positive news from home assuring all is well with you and the rest of the family. The mail often takes one to two days for delivery, so you may want to send a few days early in order for it to reach your child in time. Do not send mail later than Wednesday, as it will not make it in time. Please do not send food. Food in our cabins may attract critters including rodents and bugs. Please do not send campers items that must be signed for, as the 4-H center staff is not allowed to sign for camper items.

Campers may also wish to send letters and postcards home to you. Feel free to send you child to camp with pre-addressed postcards/envelopes to send you during camp. We have a camp mailbox for them to drop their postcards in to send home.



Send Mail/packages to:

Child's Name & County
The Clyde M. York 4-H Center
62 4-H Center Drive
Crossville, TN 38572



Have more questions not covered here?

Check out the [Clyde M. York 4-H Center website](#)

OR give us a call at the UT-TSU Extension office (615-444-9584)

Programs in agriculture and natural resources,
4-H youth development, family and consumer sciences,
and resource development.
University of Tennessee Institute of Agriculture,
U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.





WILSON COUNTY 4-H
Junior Camp
ENROLLMENT & REGISTRATION
Page 1



First Name _____ Middle Initial _____ Last Name _____

Grade in School (As of January 1st): _____ School: _____

Date of Birth: _____ Gender: _____

Race (Can choose more than one):

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Other/Unidentified | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> White |

Ethnicity:

- | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Unidentified |
|-----------------------------------|---------------------------------------|---------------------------------------|

Address & Contact Information

Address _____

City _____ State _____ Zip _____

Describe where you live:

- | | | |
|---|---|---|
| <input type="checkbox"/> Farm | <input type="checkbox"/> Town or City (10,000-50,000) | <input type="checkbox"/> Central City (Over 50,000) |
| <input type="checkbox"/> Rural Non-Farm Town (Under 10,000) | <input type="checkbox"/> City/Suburb (Over 50,000) | |

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Additional Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Camper T-Shirt Size

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XX-Large |





WILSON COUNTY 4-H
Junior Camp
ENROLLMENT & REGISTRATION
Page 2



Camper Roommate Request

If your child knows somebody else attending camp and would like to room with them, please add their name(s) below. Please note, campers are typically roomed by grade and school. If your child knows somebody going from their class at school, it is likely they will be in the same room anyway. If you know somebody attending camp from another school or grade – such as a sibling, relative or friend from another school, please note that below so that we know to put them together.

Camper Special Needs:

1.) Does your child have ANY dietary restrictions (including but not limited to allergies, intolerances, religious practices, etc.)? If you mark “YES” please list those below: YES NO

2.) Does your child have ANY additional allergies we need to know about (bees, plants, bug spray, etc.)? If you marked “YES” please list those below: YES NO

3.) Does your child have ANY medical or physical needs we should know about (please include things like bed wetting, sleep walking, etc.)? If you marked “YES” please list those below: YES NO





WILSON COUNTY 4-H
Junior Camp
ENROLLMENT & REGISTRATION
Page 3



Camper Pickup Form

Please list out ANY person you will allow to pick up your child when we return from camp on June 26th. This includes YOU, parents, guardians, grandparents, aunts, uncles, family friends, parents of another camper, etc.

Due to safety concerns, your child will ONLY be released to individuals listed below. **They will need to produce a photo ID (drivers license or other ID).** Your child will not be release to anyone without proof of identity and a signature to physically sign the camper out.

Please list ANY person who may POSSIBLY pick up your child, including parents as their legal name would appear on a photo ID (please avoid nicknames, list out the name that would appear on their ID). In the event that a grandparent, a parent of another camper, a family friend or other relative could potentially pick up your child PLEASE add them here!

In the event that this changes, please call our office at 615-444-9584 to let us know PRIOR to pick up!

We know this is a bit of a hassle, but safety is our number one priority in returning your children to you!

**Do not sign below. The person who picks up the camper will sign below on camp pick up day! **

Picked Up By: _____

Date: _____





Camper Rules

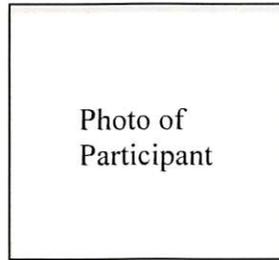
Please read each of the rules below and sign that **YOU** and **YOUR CAMPER** understand and agree to these rules. **Both parent and camper should sign at the bottom!**

1. All camp property should be respected and taken care of. If a camper/counselor destroys any property, he/she will be expected to replace it or pay for damages to the Clyde M. York 4-H Center.
2. Campers should **ONLY** be in their assigned cabins and stay out of other campers cabins.
3. Campers and counselors should **never** enter a cabin/room of an opposite gender.
4. Campers should not leave cabins after lights out (this will be monitored by 4-H staff and volunteers).
5. Cabins and grounds should be kept clean during camp and must be clean when we leave. Consider labeling your child's things/clothes.
6. Campers/counselors should never leave campgrounds except with an agent or with his/her approval for an approved reason. Campers leaving early must coordinate with 4-H Agents and 4-H Camp Staff and sign an Early Release Form prior to departure.
7. Each camper is responsible for his or her own money during the day. Once the camper has signed for their money each day, it becomes their responsibility. 4-H Agents are NOT responsible for how the camper spends their money or if they drop it. Please be aware of where you put your money.
8. All Camp Staff and 4-H Staff should be treated with respect.
9. Campers should wear shoes at all times, except when swimming in the pool. Please bring flip flops for the walk between the cabins and the pool.
10. Shirts and shoes should be worn in the cafeteria. Caps/hats should be taken off when entering the cafeteria. Swimsuits may not be worn in the cafeteria.
11. Please review the dress code information in the information packet. Campers should wear shirts at all times around camp, with the exception of being in the pool. Campers should not wear any clothes with inappropriate logos, wording or images. Shorts/skirts should be an appropriate length. Please no spaghetti straps, muscle tanks, tight fitting clothing, bare midriffs, or tank tops with the entire sides missing.
12. Everyone is expected to attend all meals and programs.
13. Absolutely NO tobacco, vapes, or any other drug related products should be found at camp. This is a NO tolerance policy, and campers or teens found with any of these substances will be sent home immediately.
14. Campers should NOT pack anything that can cause bodily harm to another camper (no pocket knives, fishing hooks, firearms, fireworks, sparklers, etc.).
15. Campers should NOT bring cell phones. Communication should happen between 4-H Staff and parents if necessary.
16. Campers should not plan on bringing any electronics (ipads, gaming systems, etc.) or valuable items. 4-H Staff is not responsible for damaged or lost valuables.

Camper Signature: _____

Parent Signature: _____

Date: _____



**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:

Insurance Card (front)	Insurance Card (back)
------------------------	-----------------------

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	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> 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 non-prescription) and is competent to **self-administer** them under appropriate supervision.
(Name of Participant)

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)*

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
 University of Tennessee Institute of Agriculture and county governments cooperating.
 UT Extension provides equal opportunities in programs and employment.
 Revised 2/25



Wilson County 4-H Jr Camp

Junior 4-H Camp is for youth who have completed grades 4-6. The cost for this

Scan this QR code and join!

Due to issues with “Remind” text message service, we have decided to change our reminder services beginning Fall 2025 to “Band” app. Band is a way for us to communicate with parents (we prefer not to communicate with youth). This will be a one way message service for each of our groups. We will send friendly reminders about meeting dates, times and locations. You cannot reply to all, you can only send us a private message that will go to the 4-H Agent over the program as well as myself. Please scan the QR code above to register for the 4-H Jr Camp. You will need to register for specific band for each club/class you join with 4-H.

Thank you,

Sissy

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 _____

