

# WILSON COUNTY 4-H

## Summer Day Camp

### INFORMATION



#### Camp Info

- July 13-15, 2026
- James E. Ward Agricultural Center
- Grades 4th-8th

#### Deadlines & Dates

- **April 9th:** Scholarship Application Deadline
- **April 9th:** Camp Sign Up Day (East/West Building at the James E. Ward Ag Center )
- **July 13th:** Camp Day 1 - 8:30 a.m. - 4 p.m.
- **July 14th:** Camp Day 2 - 8:30 a.m. - 8 p.m.
- **July 15th:** Camp Day 3 - 8:30 a.m. - 4 p.m.

#### Final Payment Day - May 1st

- All money must be turned in NO later than May 1st.

#### How to register for this camp:

- Camp sign up day will be on April 9<sup>th</sup> beginning at 7 a.m.
- Space filled as first come first serve and continuing until all spots are filled.
- 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 9th!!**
- A minimum of \$75 and completed packet is required to reserve a spot for camp, with remaining balance due by May 1st. Payments will be accepted via card or check.
- The 600-A Form must be signed and turned in on the day of Day Camp Sign Up Day on April 9<sup>th</sup>. Please ensure you bring your insurance card and a picture of your child to complete the 600-A form.
- **Waiting List Procedures:** We have a camp limit of 100 campers. In the event that we reach the camp limit, we will begin a waiting list. To be on the waiting list, all paperwork must be completed. We will notify you in the event that a spot becomes 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 us or email us!

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



## Payment Info

Camp costs include meals, special programs and a t-shirt. Payments can be made via check or credit card at Day Camp Sign Up Day on April 9th. Camp payments are non-refundable.

**Total Cost: \$150 Make checks payable to The University of Tennessee.**

## Camp Scholarships

We do 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 \$75 this year. Scholarship applications for Summer Day Camp will be due no later than April 9<sup>th</sup>.

## Registration Packet

- There are TWO sets of paperwork to complete that are detailed below. The Camp Registration Form (4 pages) and the 600-A form (4 pages).
- Make sure to sign everything asking for signatures. There are several places your child must also sign.  
**If your forms are not fully completed on Day Camp Sign Up Day, we will NOT be able to reserve your child a spot at our camp!**

## 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 & Color Group 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 color group preferences. Please note, campers are typically grouped into color groups with other campers from their grade level and school. The color group request is especially important if your child wants to be grouped with a sibling, relative, or friend in a different grade or school. Color groups rotate to different sessions throughout the day as a group.

## Pick Up Permission/Consent (Page 3)

- Make sure every possible person who MIGHT pickup your child 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 other UT affiliated social media sites and websites (Such as the Tennessee 4-H, UT Institute of Agriculture or UT Extension). 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)

- It is preferable for your child to take medications before or after camp each day at home. However, should your child **NEED** to take medication while at camp, we will accommodate. The medication form (along with any medications) will be turned in at drop off each day.
- Every medication must be included on this form.
- 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.

## What if my child has dietary needs?

Campers with dietary concerns are encouraged to bring their own meals and snacks if possible. Storage space, refrigeration and a microwave will be available. Please inform us of any dietary concerns or allergies so that we can make a plan for your child at camp.



## **Who will be at Camp?**

4-H Agents Morgan Hacker and Grace Harville plan and conduct Summer Day Camp along with the help of qualified volunteers and chaperones. Volunteer leaders and chaperones 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 other electronic communication devices to camp. If an emergency arises, you may reach your 4-H Agents (Morgan Hacker and Grace Harville) through the UT-TSU Extension office (615-444-9584). Additionally, we will utilize the BAND app. 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 information page to sign up for this service.

## **Does my Child need any Money at Camp?**

Nope! Your child does not need to bring any money to camp. All supplies needed for activities will be provided, as well as snacks and meals.

## **Things to Bring to Camp:**

Please label anything you bring with you to camp so we know who to return it to if it is left!

- Tennis Shoes (wear them or bring them with you for recreational games and activities)
- Water Bottle
- Small Bag (backpack or cinch bag/drawstring bag) with change or clothes, shoes and personal items

## **Things NOT to bring to Camp:**

Please do NOT send your child to camp with valuable items or electronics (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 and cause distractions and arguments. UT-TSU Extension is not responsible for any lost, damaged or stolen property.

- Electronics (cell phones, ipads, video games, ipods, radios, etc.)
- Valuable items (jewelry, money, etc.)
- Drugs, tobacco, vapes, alcohol products (grounds for immediate dismissal)
- Fireworks
- Pocket knives, or any item that may cause danger or physical harm to you or other campers/staff.

***Have more questions not covered here?***

***Give us a call at the UT-TSU Extension office at (615) 444-9584***

***or send us an email: [EXT-WilsonCo@utk.edu](mailto:EXT-WilsonCo@utk.edu)***





**WILSON COUNTY 4-H**  
*Day Camp*  
**ENROLLMENT & REGISTRATION**  
*Page 1*



First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Grade in School (As of January 1<sup>st</sup>): \_\_\_\_\_ 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**  
*Day Camp*  
**ENROLLMENT & REGISTRATION**  
*Page 2*



**Camper Buddy Request**

If your child knows someone else attending camp and would like to be paired in the same color groups with them, please add their name(s) below. Please note, campers are typically paired up by grade and school. If your child knows somebody going from their class at school, it is likely they will be in the same group 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.

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**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

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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

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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

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**WILSON COUNTY 4-H**  
*Day Camp*  
**ENROLLMENT & REGISTRATION**  
*Page 3*



**Camper Pickup Form**

Please list out ANY person you will allow to pick up your child each day of camp! 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 anybody 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 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!

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*\*Do not sign below. The person who picks up the camper each day will sign below during pick up!\**

**Monday, July 13**

Picked Up By: \_\_\_\_\_

**Tuesday, July 14**

Picked Up By: \_\_\_\_\_

**Wednesday, July 15**

Picked Up By: \_\_\_\_\_





**WILSON COUNTY 4-H**  
*Day Camp*  
**ENROLLMENT & REGISTRATION**  
*Page 4*



**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!**

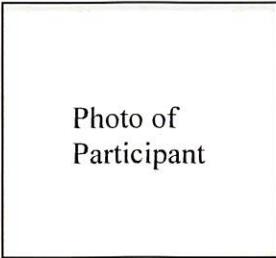
1. All camp property should be respected and taken care of. If a camper/counselor destroys any property, he/she will be expected to replace it or pay for damages to the James E. Ward Ag Center.
2. Campers should not leave an area/room/building or stray away from their group without their leader or 4-H Staff member.
3. All 4-H Staff, volunteer leaders and adults should be treated with respect.
4. Campers should wear shoes at all times.
5. The Fairrounds should be kept clean during camp and must be clean when we leave. Consider labeling your things/bags/items that you bring wiht you.
6. Please review the dress code information in the information packet. Campers should wear shirts at all times during camp. 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.
7. Everyone is expected to attend all meals and programs.
8. 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.
9. Campers should NOT pack anything that can cause bodily harm to another camper (no pocket knives, fishing hooks, firearms, fireworks, sparklers, etc.).
10. 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)
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### 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*)

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### 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	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

*\* 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 Day Camp

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 Day 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 \_\_\_\_\_