



PARENT'S AGREEMENT AND CONSENT FORM



1. **FEES:** Camp fees will be paid in advance and will not be refunded if my child returns home voluntarily or is dismissed.
2. **DISCIPLINE:** The camp staff, which includes Extension Agents, adult and youth volunteer 4-H leaders, has my permission to discipline my child (no physical contact). However, the camp staff shall have the right to physically restrain my child when, in their opinion, the child is a danger to himself or others. I understand that the Extension Agent/Camp Director reserves the right to dismiss my child if he/she, in the opinion of the Extension Agent/Director becomes a discipline problem or is disruptive to the program. Staff will counsel the campers whenever possible to avoid dismissal of any child.
3. **MEDICAL COST AND INSURANCE:** Neither the 4-H Camp nor the camp staff shall be liable for the cost of any medical treatment. I/We will be responsible for, and pay for, any medical charges.
4. **CAMPER'S PERSONAL PROPERTY:** Neither the 4-H Camp nor the camp staff shall be responsible for the loss of or damage to the personal property of the camper. Campers should not bring expensive property to camp.
5. **DAMAGE:** I/We will be responsible for, and pay for, any damage done by my child, either alone or with others.
6. **NO ONE** is to leave camp grounds without permission of the Camp Director and/or the 4-H Agent. Permission must be secured BEFORE leaving camp grounds.
7. **MEDICATIONS:** I/We understand that all medications are to be turned over to the Camp Director and not kept by my child while attending camp.
8. **IN CASE OF MEDICAL EMERGENCY:** I/We understand every effort will be made to contact parents/guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for my child. I also give permission for first-aid treatment of my child by designated personnel.
9. **I AM RESPONSIBLE FOR:**
 - (a) Picking up my child in the case he/she is ill or is dismissed from camp, within 12 hours of notification.
 - (b) Providing proof of authorization to take custody of the child.
 - (c) Providing an emergency contact and phone number of someone who is responsible for the camper.
10. **SPECIAL NEEDS/DISABILITIES:** Please initial in the appropriate space. My child either
 - (1) does not have special needs/disabilities (____) or
 - (2) I have contacted the camp and/or the 4-H Agent via the "Special Needs/Disability Form" regarding my child's disability prior to camp (____).

I/We have read and understand this entire form and I/We agree to be bound by the conditions and agreement.

SIGNATURE OF PARENT(S)/GUARDIAN(S)

Emergency Phone #: _____
Home Phone #: _____
Work Phone #: _____

EMERGENCY CONTACT:
(other than parent/guardian)

Emergency Phone #: _____
Home Phone #: _____
Work Phone #: _____