

14^o 4-H Migrant Middle School Summer Camp 2017, August 1-5
“Opening Doors, Reaching Dreams, and Creating the Leaders of Today”

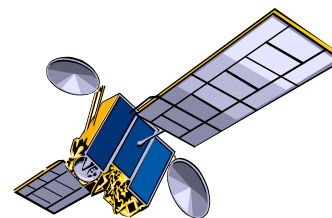
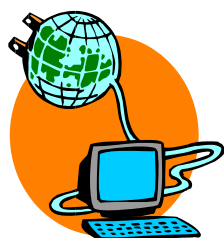
Challenging Minds and Bodies to Make the Best, Better!

Through Natural Resources, Engineering, Technology, Science, Culture, Education & Sports

With 4-H, the youth can see further and expand their horizons!



**Migrant
Middle School
Camp**



The Oregon State University 4-H Program invites **migrant students** to participate in the 4-H Migrant Middle School Camp 2017.

Who can attend? Students from the Migrant Program who have finished **6th, 7th, & 8th grades by June 2017**.

Where? At the 4-H Conference & Education Center, 5390 4-H Road, NW, Salem, Oregon 97304.

When? **August 1 - 5, 2017**

Cost? Free

For paper application, click in the link below
<http://oregon.4h.oregonstate.edu/outreach/middle-camp>

Online Registration:
https://apps.ideal-logic.com/osu4h?key=TQQJ-SX5KS_K9KH-5PTF_211a3b99

What is the focus of this summer camp? While having fun in the outdoors, students learn about science, engineering, technology, art, etc. The students will develop leadership skills, learn about culture, and participate in sports such as soccer, volleyball, basketball, rowing and swimming.

Do you want to have fun, while making new friends?

Last day to sign up: June 15, 2017

Contact our 4-H personnel: Jaime Guillen
jaime.guillen@oregonstate.edu (541) 737-4660

Lulú Rodríguez: Office: (541) 737-8798
Email: 4h.outreach@oregonstate.edu

Camp Director: Mario Magaña Álvarez
E-mail: Mario.Magana@oregonstate.edu
Address: Oregon State University, 4-H Outreach, 106 Ballard Extension Hall, Corvallis, OR 97331
Phone: (541) 737-0925 **Cell:** (503) 931-7206



4-H EARLY RELEASE/CHECK-OUT REQUEST FORM



Dear Parents/Guardians,

The safety of your child is our priority. In order to secure the safety and wellbeing of your child we are requesting your assistance. Please complete an "Early Release/Checkout Form" for each child if you are NOT checking out on the approved checkout day and time scheduled by the 4-H program.

Once you have completed and signed this form, the 4-H program is no longer responsible for the child named on this form. Parents are allowed to "call in" and release their child over the phone in case of an emergency but we very much appreciate if you can let us know at check-in by completing this form. **Checkouts over the phone are reserved for emergencies only.** Under no circumstances will an early release request be granted to the student without the submission of this form or a phone call from a parent or guardian to a 4-H administrator. Parents/guardians are encouraged to come and sign-in and checkout their child/children from the program with a designated 4-H staff member.

With the **Early Release/Check-out Request Form** a 4-H representative may call the participant's parents and/or guardians to confirm whether or not the form was in fact signed by one of the parents or guardians and therefore allowed the participant to leave early from the program.

Parent/Guardian's name/ relationship: _____

Parent/Guardian's signature: _____ Date: _____

Parent/guardian's phone: _____ Alternative phone: _____

Participant's name: _____

Participant's signature: _____ Date: _____

4-H Director/Administrator signature: _____ Date: _____

Departure date/time: _____

Please contact Mario Magaña Álvarez or Jaime Guillén at (541) 737-0925 or (541) 541-4660 from 8:00 AM-5:00 PM. After hours call our cell phones at any time Mario: (503) 931-7206 or Jaime: (541) 619-1870

Thank you for your participation and cooperation!

Sincerely,

Mario Magaña Álvarez
OSU Associate Professor & State 4-H Outreach Specialist
E-Mail: Mario.Magana@oregonstate.edu
541-737-0925



Oregon 4-H Member Enrollment Form Migrant Middle School Camp - August 1-5, 2017

County: _____ Club/Activity 4-H: Migrant Middle School Camp

New Enrollment Re-enrollment Youth Leader

Participant (please print): _____
Last First Middle

Parent or Guardian: _____

Address: _____
Street/Mailing Address City Zip Code

School: _____ **Grade** _____ **Year in 4-H** _____ **Birth Date** _____

Gender: Male Female **Residence** (select one) Farm Rural/10,000 Town/10 - 50,000
 Suburb/50,000 City/50,000

E-mail _____ **Would you like to receive information via E-mail?**

Cell Phone _____ Is it okay to text this number? Yes _____ No _____ List Cell Phone Carrier: _____

List any special accommodation for a disability to participate in this program. _____

Ethnicity (select one) Hispanic Non-Hispanic
Race or auto-identification (select what applies) White African American Asian Alaskan/Native American
 Hawaiian/Pacific Island Prefer Not to State

Parent/Guardian 1 _____ <small style="margin-left: 100px;">Last, First</small>	Parent/ Guardian 1 _____ <small style="margin-left: 100px;">Last, First</small>
Address (if different) _____	Address (if different) _____
City _____ Zip Code _____	City _____ Zip Code _____
Main Phone _____ Work _____	Main Phone _____ Work _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing

Member of Military? Yes _____ No _____ **What Branch?** _____ **Reserve or Guard?** _____

Project/Activity Name	Year in Project? Circle 1 if first time	Is project manual needed?	For office use only
4-H International Summer Camps	1 2 3 4 5 6 7 8 9 10 11 12	Yes _____ No <u>X</u> _____	

Payment Information
No cost associated with this camp.

Mail Application to:
 Jaime Guillén, OSU 4-H Outreach, 106 Ballard Extension Hall, Corvallis, OR 97331

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OFFICIAL 4-H HEALTH FORM

Rev. 6-2015

Name of Event/Activity: Migrant Middle School Camp

PLEASE WRITE IN CLEAR FORM AND COMPLETE ALL THE SPACES IN BLANK

Type of activity: [] County/area [x] state [] regional [] national (Select the "state" option)

Name of event/activity: Migrant Middle School Camp County: _____

Participant's Name: _____

Last First Middle

Address: _____

Street Address

City State Zip Code

Participant is: [] Adult [] Youth [] Male [] Female School Grade: _____

Birth Date: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Name Relationship

Daytime phone Evening phone

Cell phone Other

Health Statement: (to be completed by parent, physician or adult participant)

Table with 2 columns: Question, Si, No. Rows include dietary restrictions and allergies.

Name of all medications the participant is taking:

Name and phone number of physician:

As parent or guardian, if my child needs medical attention, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the 4-H event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the 4-H event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me, or my child as named on this form. I will assume all financial obligations incurred if not covered by insurance.

Signature of Parent/Guardian or Adult participant Date

OREGON 4-H YOUTH DEVELOPMENT PROGRAM

YOUTH CODE OF CONDUCT – Migrant Middle School Camp

The well-being of all 4-H program participants is important. Everyone has responsibilities.

4-H is a positive youth development program. Therefore, when I participate in 4-H programs and events, I agree to . . .

1. Engage fully with a positive attitude and creative energy.
2. Be courteous to others, even if they're different from me.
3. Be cooperative. Encourage individuals. Help others. Support teamwork.
4. Be willing to ask an adult for guidance to make good decisions and take appropriate actions.
5. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
6. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
7. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
8. Be present and on time for all parts of the program. (I will notify the appropriate supervisor if I have a health or schedule problem.)
9. Use technology (ipods, mp3 players, game devices, cell phones, etc.) during free time, or in ways that contribute to the goals of the program.
10. Treat animals humanely and provide them appropriate care.
11. Not engage in Personal Displays of Affection (PDA). (It is distracting and inappropriate.)
12. Refrain from use of tobacco, marijuana, alcohol, or illicit drugs, or be under their influence while participating.
13. Follow safety policies of the Oregon State University Extension Service, and guidelines of the 4-H Youth Development Program. (Such as: not leave the program area without permission from the program supervisor; be in assigned lodging during overnight activities; abide by curfew hours; remain in gender specific areas [no boy in a girl's room / no girl in a boy's room]; handle firearms only in secured, designated areas under the direct supervision of a trained 4-H Shooting Sports volunteer; not use fireworks, and any other additional safety policies established by a specific event or program.)

I have read and agree to the above Code of Conduct. I understand that if I violate any part of this agreement, I may be sent home from a 4-H activity at the expense of my parent(s) or guardian(s). I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future 4-H Youth Development events, and/or, lose my membership privileges.

Parent/Guardian Signature

Date

Member Signature

Date

Research and Evaluation Statement

As part of your child's participation in this 4-H program, he or she may be asked to complete an evaluation related to what he or she learned and experienced in the program. These evaluations are part of 4-H's ongoing program monitoring and provide valuable information about the impact of the program on youth. Your child will always be asked if he or she wants to participate in the evaluation, and will not be required to do so if he or she does not want to. Should your child choose not to participate, his or her participation in this program will not be affected in anyway."

Media permission: As the Parent/Guardian for the Participant named on the front of this form I give permission for my minor child to be captured on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet).

Parent/Guardian Signature

Date

CAMPER BIOGRAPHY

A special note regarding personal information about your child: Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. Having prior knowledge about a learning difficulty, ADHD, a bed-wetting problem or child's life makes a tremendous difference in helping us be sensitive to your child's needs - especially in the first few days of camp! Children need the camp staff to be partners with their parents in planning for a safe and successful camp experience. Our commitment is to use such information only to help your child adjust to camp. Please write any other information that would be helpful to your child's counselor or camp staff; i.e. family situations, camper's strengths or possible challenges. Feel free to use additional sheets of paper.

OVER-THE-COUNTER MEDICATIONS RELEASE FORM

Health Departments require events to obtain written permission to administer specific over-the-counter treatments used for common ailments such as headache, poison ivy, sunburn, diarrhea, and so forth.

I (parent/guardian) _____, hereby give permission to 4-H personnel to administer the following over-the-counter medications listed below if necessary. Dosages will be administered accordingly to the specific symptom/problem following the directions on the bottle unless a physician directs otherwise, to treat the following but not limited to headache, upset stomach, allergies, diarrhea, menstrual cramps, and poison oak.

Over the counter medications include:

- 1) Tylenol,
- 2) Pepto Bismol
- 3) Allergy medicine (over the counter)
- 4) Imodium AD
- 5) Lotion
- 6) Calamine

Participant's name (please print): _____

Parent/Guardian's name (please print) _____

Parent/Guardian's signature: _____ Date _____

IMPORTANT: Please bring this form with you on the first day of camp or send it in advance if you want to receive over-the-counter-medication should you need it.

Complete the following form only if you indicated in the "OFFICIAL 4-H HEALTH AND CODE OF CONDUCT FORM" that your son/daughter has a health concern.

You have indicated on your son's/daughter's health form that he/she has a health concern. Please explain below the procedures we need to follow to ensure your son's/daughter's safety at the Camp. If the participant is going to be taking any medication at the Camp, we need to know how much and how often to give the medicine to him/her. By signing below you are giving us permission to give your student the medication you have sent and also to follow the procedures you have provided.

Participant's name: _____

Health concern: _____

Medication: _____

Procedure: _____

Participant's Name

Parent or Guardian's Signature

Date

MEDICATION PERMISSION SHEET
(Fill out only if the participant has a prescribed medicine)

Participant's Name: _____

Name of prescribing doctor: _____

Name of medication: _____

If prescription: Pharmacy _____ RX NO _____

Possible side effects: _____

Instructions

Dosage amount: _____ Begin date: _____ End date _____

Times of day to be administered: _____

Signature: _____ Date: _____
(parent/guardian)

Telephone Number(s) _____
Doctor

Telephone Number(s) _____

Parent/Guardian's name: _____ Date: _____

Thank You! You've reached the end of this application. Congratulations!
"The opportunities are for those who take them" See you soon!

This section- Camp Nurse use only

Camp Nurse: Fill in date, time and initials whenever dispensing medicine

Date	Time	Initials	Date	Time	Initials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISPOSITION OF MEDICINE:

Returned to parents: _____ Date _____

Disposed by: _____ Date _____

This form is to be placed in the campers file when medication is complete

Note for nurse: Nonprescription drugs will be administered only after consultation with the parents as to medical necessities.