



4- H Rural Life Center Camper Application

Camp Names (please any camps that your child is planning to attend this summer)

**Does your Child Have an updated 4-H Online Profile? Yes___ No___
If not, there must be a 4-H Online Profile created for Camp Application to Be Considered.
Create youth 4-H Profile at v2.4honline.com. Need help? Email: lee_peoples@ncsu.edu or call 583-5161*

Camper Name: ----- Age: -----
 First Last

Parent or Guardian: -----

Phone: () ----- () ----- -----
 Home phone Cell phone Email Address

Additional Parent or Guardian in case of Emergency:

Name: -----
 First Middle Last

Address: -----
 Street Address City State Zip Code

Phone: () ----- () ----- -----
 Home phone Cell phone Email Address

MEDICATIONS:

- This person takes NO medications on a routine basis
- This person takes medications as listed on following page. Completion of this list is required before any medications will be given to your child.

Please fill out completely and sign the application above, then mail it with the appropriate fees payable to Halifax County:

4-H Rural Life Center
P.O. Box 37
Halifax, NC 27839
(252) 583-5161



Child Name:

MEDICATIONS:

Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

This person takes medications as follows:

Med#1 Reason Dosage Time taken

Med#2 Reason Dosage Time taken

Med#3 Reason Dosage Time taken

Med#4 Reason Dosage Time taken

(For camp use only)

Screening Record:

Date:..... Time:

Meds received

Updates/additions to Health History.....

Current Health needs identified

Screened by