



## MULTI COUNTY 4-H CAMP LETTER

MAY 2019

114 W. Main, Brady, TX 76825 325-597-1295

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### 4-H MULTI COUNTY CAMP "EAT, SLEEP, 4-H, REPEAT"

(Brown, Callahan, Concho, Llano, Mason, McCulloch, Menard, Runnels)

- Date:** July 10, 11, 12, 2019
- Place:** Heart of Texas Bible Camp, Brady, TX  
130 PR 734 Brady, TX
- Registration Deadline:** Monday, June 25, 2019 (Unless we already have our limit of 120)
- Times:** Begins: Wednesday, July 10 at 3:00 pm  
Ends: Friday, July 12 at 9:00 am (After camp clean up)
- Cost:** \$50.00 per person \$45.00 if more than one per family
- Ages:** Jr. & Intermediate age 4-H members for the 2018-2019 4-H year.  
(under 8 must be accompanied by a parent with CEA approval)  
Sr. Members may attend only as Teen Leaders with CEA approval.
- What to bring:** Bed Roll or Sleeping Bag  
Pillow  
Towels (extra for swimming)  
Personal Hygiene items (soap, shampoo, toothpaste, deodorant, hair brush, etc)  
Bathing suits  
Sun Screen, bug spray  
Comfortable clothes and shoes  
If you bring medications, they must be in original bottles with labels contained in a baggie with your name and county on the baggie.
- What NOT to bring:** Electronic Devices (ipods, cell phones, video games)  
Expensive jewelry/accessories  
Axe or similar body sprays
- Dress Code:** School Appropriate attire. No "Daisy Duke" shorts, halter tops, spaghetti string tops, shirts/pants that show mid-riff, or clothing/caps etc. that advertise alcohol, tobacco products or anything else that is not appropriate. Please counsel your 4-Hers about bringing appropriate clothing.

Pick up forms at your Extension Office.

Please return completed Minor's Release & Health History form and camp fee by June 25, to:

Texas A&M AgriLife Extension  
Runnels County  
608 Scafy Ave.  
Ballinger, TX 76821

## MULTI-COUNTY 4-H CAMP

**JULY 10, 11, 12, 2019 @ Brady's H.O.T Bible Camp**

(Brown, Callahan, Concho, Llano, Mason, Menard, McCulloch & Runnels Counties)

**\$50.00 per Camper ... families with more than one camper - \$45.00 per family member...**

**Fees waived for Supervising Adult leaders/Agents**

*Each camper must be a 4-H member that has completed a 4-H Connect registration in their County Extension Office by June 01, 2019. Camp Registration Deadline June 25, 2019. Due to space limitations, registrations will be accepted on a FIRST COME, FIRST SERVE basis (70 girls, 50 boys) until the camp is full. Make checks payable to "McCulloch 4-H".*

*Jr. and Int. ages, under Age 8 must be accompanied by a parent with CEA approval, Srs. are Teen Leaders with CEA approval*

County \_\_\_\_\_ Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Relative or neighbor to be contacted in case parent or guardian cannot be contacted in any emergency:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Physical Limitations or Handicaps** \_\_\_\_\_

Yes \_\_\_ No \_\_\_ **SPECIAL MEDICATIONS** are being sent with minor in quantity to meet his/her needs during camp. If yes, (Prescription medications must be in original containers), list generic name drug(s) and/or medication, along with name and phone number of prescribing physician, dosage, consumption rate and interval \_\_\_\_\_

**Special Dietary needs or conditions** \_\_\_\_\_

**Health History:** *(Please check any of the following which apply.)*

Frequent Ear Infections _____	Allergies:	Hay Fever _____
Heart defect/disease _____		Ivy Poisoning _____
Convulsions/Epilepsy _____		Insect Stings _____
Diabetes _____		Penicillin _____
Bleeding/Clotting disorders _____		Other _____

**Operations or serious injuries** *( approximate dates)* \_\_\_\_\_

**Chronic or recurring illness or communicable diseases:** \_\_\_\_\_

**Name of Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

Are your immunizations current \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

Please check "over the counter" medication in with which camp personnel may administer as necessary:

\_\_\_ Acetaminophen \_\_\_ Ibuprofen \_\_\_ Imodium \_\_\_ Pepto Bismol \_\_\_ Neosporin \_\_\_ Benadryl

**BE SURE TO COMPLETE THE ATTACHED MINOR'S RELEASE**

### MINOR'S RELEASE

I, or we, parent(s) or guardian(s) of a minor child named \_\_\_\_\_ do hereby give consent for said minor child to participate in all activities scheduled as part of the Multi-County 4-H Camp to be conducted at the Heart of Texas Bible Camp, Brady, Texas.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby give my consent for Media/photograph release, filming, videotaping and/or audio recording or other means of capturing my child's image or voice and/or being quoted in the media or printed materials (including social media websites) at camp. \_\_\_\_\_ Yes \_\_\_\_\_ No

I/we do hereby consent for said minor child to participate in organized swimming activities conducted at the Brady Municipal Swimming Pool.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I, or we further give permission to have emergency first aid administered by any qualified person in case of illness and/or injury to said minor child and to have said minor child transported by the most expedient means of conveyance to the nearest physician, hospital or clinic and to there receive such treatment as is medically prescribed by physician(s).

Further, I or we, do hereby authorize the release of medical records by hospital, clinic, and/or physician for the purpose of filing insurance claims.

In case of extreme illness and/or injury, I, or we, do further agree that the Texas AgriLife Extension Service and Texas 4-H Youth shall not be held responsible or liable for personal injury or loss resulting either on the premises of the Heart of Texas Bible Camp or enroute to and from the camp.

*Further, I or We, do hereby authorize 4-H Extension Agents or Leaders to release said minor child to the following person/people at the conclusion of the Multi-County 4-H Camp... (camp release is after camp clean-up around 9:00 am)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**BE SURE TO COMPLETE THE ATTACHED MEDICAL HISTORY**