



Butte County 4-H Camp Teen Camp Counselor Information and Application

Thank you for your interest in being a 4-H Camp Teen Counselor. We are excited to have you join us. Teen Counselors are youth 14 years of age. Teens interested in being a Teen Counselor must submit all the items listed in the Submission Checklist by **12/1/2025**. Teen Counselors meet once a month from October until June to plan 4-H Camp. Meetings will be 1 to 1½ hours long.

Teen Counselor Meetings

Date	Location	Time
Monday, 10/06/2025	Durham Library	7:00pm
Monday, 11/03/2025	Durham Library	7:00pm
Monday, 12/01/2025	4-H Office Oroville, Ca	6:30pm
Tuesday, 1/05/2026	Durham Library	7:00pm
Monday, 2/02/2026	Durham Library	7:00pm
Monday, 3/02/2026	Durham Library	7:00pm
Monday, 4/06/2026	Durham Library	7:00pm
Monday, 5/04/2026	Durham Library	7:00pm
Monday, 6/22/2026 7/6-7/11, 2026	Durham Library Camp McCumber	7:00pm All Week

Submission Checklist

Deadline December 1, 2025 (January Teen Meeting)

#	Item	Complete (Check here if you completed it)
1	Application	
2	Pick-Up Permission	
3	Health History	
4	Medical Authorization	
5	Verification	



Teen Counselor Packet

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Teen Counselor Eligibility & Responsibilities

CAMP COUNSELOR PACKET DOCUMENTS **DUE BY: December 1, 2025**

Serving as a 4-H camp teen counselor is an excellent opportunity for 4-H teens to enhance and share leadership skills while providing an enjoyable experience for junior campers. The responsibility of a camp counselor is to serve and help the junior campers. Think of this opportunity as a job. If this appeals to you, we encourage you to apply to be a 4-H camp counselor.

Eligibility

- Enrolled or willing to enroll in 4-H (Butte County or surrounding county)
- Age: 14 years old by December 31, 2025
- Prior 4-H camp or other camp experience
- Attendance at a minimum of six of the scheduled camp meetings set forth below
- Ability to attend all 6 days of 4-H camp**

Characteristics

- Demonstrated leadership abilities
- Enthusiastic
- Enjoy working with juniors (youth members ages 9 -13 years old)
- Willing to follow directions from peers and adults
- New ideas, and willing to share them

Camp Planning and Staff Training:

4-H Camp is planned by the Teen Counselors. Teen Counselors meet once a month to bond and plan camp together, as well as receive training related to camp.

Teen Counselor Meeting Dates:

Date	Location	Time
Monday, 10/6/2025	Durham Library	7:00pm
Monday, 11/3/2025	Durham Library	7:00pm
Monday, 12/1/2025	4-H Office Oroville, Ca	6:30pm
Tuesday, 1/5/2026	Durham Library	7:00pm
Monday, 2/2/2026	Durham Library	7:00pm
Monday, 3/2/2026	Durham Library	7:00pm
Monday, 4/6/2026	Durham Library	7:00pm
Monday, 5/4/2026	Durham Library	7:00pm
Monday, 6/22/2026	Durham Library	7:00pm

Camp will be: July 6-11, 2026



4-H Camp 2026:

Camp McCumber, 35440 Deer Flat Rd, Shingletown, CA 96088

We will be carpooling up to the camp due to how far the camp is this year.

We will meet at Home Dept, Chico at 2:00pm

Counselors must arrive at camp no later than 4:00pm Monday, July 6, 2026 and may not depart until after camp closes about 12:00pm on Saturday, July 11, 2026. Teens arrive on Monday at 4:00pm for Teens Only activities. **Attendance of all five days of camp is a requirement.**

Sleeping Arrangements and Housing:

All teens will be assigned to a cabin which will house approximately 7-10 individuals. Typically, 2 teen counselors and 7 youth campers (ages 9-13) per cabin.

Special Accommodations:

Counselors who require special accommodation must fill out and return the ADA Request Form with their application. You can get a copy of the ADA Request Form by contacting the 4-H Office at (530) 522-5812 or from the Butte County 4-H website at <http://cebutte.ucanr.edu/files/265743.pdf>.

Questions?

If you have any questions, please call:

Kim Hogan (Camp Director) (530) 990-5042

Butte County 4-H Office (530) 552-5812

*If requested, payment plans can be arranged with the County Office.

**In rare instances, Counselors have been able to attend a portion of camp. The reasons for missing a part of the camp must be compelling and are up to the discretion of the Camp Director.



Counselor Position Descriptions

Below are the position descriptions for the different counselors who run activities at camp. We encourage you to try new activities yearly, if possible.

❖ **Teen Director** (December Meeting to the End of Camp)

Those wanting to be one of our two Teen Directors, will be interviewed by the adult director and will be required to give a speech to their fellow Counselors at one of the first meetings. They will give their own views of how they see camp running with their leadership, and any past camp counselor history. If elected, you will work closely with the other Teen Director to make sure we have successful camp meetings where you will organize and help guide all camp counselor activity groups, as needed, so they will all be successful during camp. Also, from camp setup to the end of camp, you will oversee all camp activities to make sure they are successful, on time, and the campers are enjoying themselves. You will inform the campers daily about topics such as daily agenda, rules, rotations, activities, mail calls, etc.

Being a 4-H Teen Camp Director is one of the hardest, but most rewarding positions Butte County 4-H has to offer our older youth. You must be able to use all of your past years of 4-H experiences to successfully lead and work with the young campers, Teen Counselors (your peers) and Adult Volunteers.

❖ **Campfire**

Come up with all stage activities including games, songs, contests, skits, etc. Also, design and decorate the stage to the camp theme, as well as making a list of things needed and bring them to camp.

❖ **Music and Dance**

Play music for all stage activities needed, dance lessons and our Dance Party Night. Develop DJ personalities that entertain the campers, help make them feel included and make a list of things needed and bring to camp.

❖ **Dance**

Teach dance moves at rotation and free time. Help at Dance Party Night if needed. Make a list of things needed and bring to camp.

❖ **Recreation**

Have several Field Activities and Games ready for morning Recreation rotation and afternoon Recreation rotation. Make a list of things needed and bring to camp.

❖ **Crafts**

Have at least three different craft ideas, (related to the Camp Theme), for rotations and free time. Make list of things needed and bring to camp.

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❖ **Fishing**

Help campers with fishing during Early Bird Fishing at 6:30am, Monday-Wednesday, and free time as needed. Make a list of things needed and bring them to camp.

❖ **Multimedia** (camp meetings-last day at camp)

Record camp activities and put together a camp movie to watch at 4-H Award's Night, and at our 4-H Fun Night Booth. Must have prior multi-media experience. Make a list of things needed and bring to camp.

❖ **Waterfront** Have games and activities for both the Lake and Pool. Plan for a 6:30am Early Bird Swim Activity at the lake (Tuesday-Wednesday). Make a list of things needed and bring to camp.

❖ **Hiking**

At least one teen to help with the Early Bird Activity at 6:30 am.



4-H Camp Teen Counselor Application

Butte County 4-H Camp

July 6, 2026 to July 11, 2026

Camp McCumber, 35440 Deer Flat Rd, Shingletown, CA 96088

This application is due by 12/1/2025

NAME _____ GENDER _____ AGE _____
MAILING ADDRESS _____ CITY _____ ZIP _____
COUNTY _____ PARENT'S EMAIL _____
4-H CLUB _____ CURRENT GRADE IN HIGH SCHOOL _____
YEARS IN 4-H _____ YEARS ATTENDED 4-H CAMP _____ YEARS AS A TEEN COUNSELOR _____

PREFERRED IN YOUR CABIN (check one): 9–11-year-olds 11–13-year-olds No Preference

I would like to be considered for the following positions during camp:

(Rank from 1 - 9: in order from most wanted (1) to least wanted (9))

	TEEN DIRECTOR		NATURE STUDY / HIKING
	CAMPFIRE (songs, skits, stunts)		FISHING
	RECREATION / SPORTS		WATERFRONT (swimming, boating)
	DANCE NIGHT		CRAFTS
	MULTIMEDIA TEAM (camp video, pictures, sound system)		

Please include one half to one page explaining why you want to be a counselor, what qualifications you have, and what ideas you have for what you list as your #1 assignment (Teen Director, Waterfront, Recreation, etc.)

PARENT(S)/GUARDIAN(S) NAMES (both if applicable) _____

PARENT #1 PHONE# _____ PARENT #2 (if applicable) PHONE# _____

IN CASE OF EMERGENCY, PLEASE PROVIDE A FRIEND'S OR FAMILY MEMBER'S CONTACT INFORMATION IN CASE WE ARE UNABLE TO CONTACT THE PARENTS/GUARDIANS:

NAME _____ RELATIONSHIP _____

TELEPHONE # (HOME) _____ TELEPHONE# (CELL) _____

T-Shirt size:

(Check one)

Small

(34"-36" chest)

Medium

(38"-40" chest)

Large

(42"-44" chest)

X Large

(46"-48" chest)

XX Large (\$2.00 Extra)

(50"-52" chest)



Pick-Up Permission

In the event that you are not able to pick up your teen from camp, please provide the 4-H Office with two alternative individuals you authorize to release your teen to. Please fill out the information below.

If you have any questions, please feel free to call the office, **(530) 552-5812**.

*****Please fill out the information below and return to the 4-H Office prior to camp*****

Other than of the Parent/Guardian, please provide the names of two adults you authorize to pick up your teen if you are unable. All adults picking up youth counselors and campers must present a valid driver's license.

Camper's Name: _____

Address: _____

City, State, Zip: _____, CA

Two Alternates: OTHER THAN THE PARENTS

*Please make sure when you are filling this out you are not putting your teen's Parent/Guardian name we are looking for grandparents, aunts or uncles or close friends Please.

Alternate 1: _____
(Please Print) Name Cell Phone

Alternate 2: _____
(Please Print) Name Cell Phone

Signature of Parent/Guardian

Date



4-H Camp Code of Conduct

This **CODE OF CONDUCT** has been established to create a positive educational experience for all campers, teen counselors, and adult staff. To provide the best educational camp program possible, it is necessary that all participants are aware of and agree to abide by the rules and the consequences for not abiding by these rules. Rules are as follows:

1. Be concerned for the safety of campers and staff.

- A. All meals and snacks are provided; Teens can bring a 12"x12" box of health snacks and drinks (NO ENERGY DRINKS) which are to stay in a designated area of the Camp Directors choosing. Food in the cabins will attract rats, mice, insects, squirrels, SKUNKS and other wildlife. **Any food found will be confiscated.**
- B. No running in camp unless during an organized activity.
- C. You must wear closed-toe shoes for camp activities. Sandals (flip-flops) are not safe on uneven terrain. It is OK to wear sandals to and from swimming areas; **no bare feet at any time.**
- D. Sleeping areas shall be kept neat and free of litter.
- E. Throwing objects will not be allowed, unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds.
- G. Campers, counselors, and adult chaperones cannot leave the campgrounds without permission of the Camp Director. Camp boundaries will be posted, and exceptions will be on a case-by-case examination of the need.
- H. Campers and Teen Counselors must be in their cabins by 10 PM, unless permission is given by the Camp Directors and/or cabin adult. During rest time and "lights out", campers are to be quiet and supervised by a teen counselor or an adult chaperone at all times.
- I. Swimming and boating will be permitted only at scheduled times with lifeguards on duty. Swimmers must have a buddy. Boaters must wear life jackets. A swim test must be passed before allowed in the lake.
- J. All prescription and over-the-counter drugs must be given to the Camp Medical Staff upon arrival at camp.
- K. Fishing poles, tackle boxes, bait, and hooks cannot be kept in the cabins. For safekeeping, a storage area will be available.

2. Respect the rights and property of others.

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing of the cabins.
- B. Boys are not allowed in the girls' cabins; the girls are not to visit boys in their cabins.
- C. All campers must be invited before visiting other cabins.
- D. Disrespectful, abusive language will not be a part of camp (no profanity, racial slurs, or putdowns)
- E. Do not damage or deface camp facilities or property. No food in cabins. No writing or carving on the cabins (inside or outside), tables, benches, or trees.
- F. Do **not** bring hair dryers & curling irons, radios, cell phones or other electronic devices. Electrical power outlets are limited and circuits are easily overloaded.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect toward authority and/or other campers will not be tolerated.
- I. Fighting and threatening physical abuse are **not** acceptable behaviors.

3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.

- A. When you hear the bell, report immediately to the stage seating area.
- B. Be on time and ready to participate. All campers and teen counselors must attend all camp activities and meals, unless permission is given by the Camp Directors.
- C. If ill, report to the Camp Nurse.
- D. Be a positive team member of your group and cabin.
- E. "Lights out" means quiet and in bed.
- F. Phones and electronic devices which are brought must be turned into the Camp Directors. Access to a phone is with permission of a Camp Director only, and is reserved for emergency use only.



4. The following items and activities are NOT allowed at camp.
Campers, teen counselors and adult staff having, or doing such, will be sent home at their own expense, immediately.

- Possession of alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, candles, vape pens, and/or tobacco.
- Gambling or betting with money, excessive displays of affection, fighting, threatening physical abuse, stealing, tampering with emergency equipment, setting off fire alarms for fun, and being under the influence of drugs or alcohol are not acceptable behaviors.
- Campers may NOT be out of their cabins, without permission, 30 minutes after "lights out".
- Campers leaving their cabins after lights out must be accompanied by a Teen Counselor.
- Clothing that displays anything about alcohol, drugs, tobacco products or has any sexual connotation. NO SIERRA NEVADA BREWERY ITEMS or DRUG PARIPHANILIA on clothing (includes marijuana leaves).

CONSEQUENCES:

(The following actions will be taken if a camper or Teen Counselor does not abide by the rules.)

DEPENDING UPON THE SEVERITY OF THE RULE BREAKING AND ACTIONS, THE CAMP DIRECTORS AND 4-H STAFF RESERVE THE RIGHT TO SKIP THE STEPS OUTLINED BELOW AND SEND THE CAMPER, TEEN COUNSELOR, OR ADULT HOME IMMEDIATELY.

ADULTS WILL ONLY RECEIVE ONE WARNING BEFORE BEING SENT HOME.

STEP 1: **First Infraction** - Discuss the inappropriate behavior with a Teen Counselor/Camp Director and clarify the rule.

STEP 2: **Second Infraction** - Discuss the inappropriate behavior with Camp Director(s) and given a "time-out" or task for up to 30 minutes related to the infraction.

STEP 3: **Third infraction** - Camp Director will request parent to pick up Camper/Teen Counselor to be taken home at Camper/Teen Counselor expense and camp fee will not be refunded. Adult Chaperone will be requested to leave camp immediately.

Additional consequences may include: barring the individual from future 4-H activities or next year's camp, assessing the cost of damages and repairs in the event of destruction of property, releasing the individual to the nearest law enforcement agency, and/or termination of 4-H membership. Parents will be notified if any action is taken beyond Step 2.



Verification

By signing below, we indicate that we have read and understand the role & responsibilities of a Butte County 4-H Teen Counselor, the Code of Conduct, and consequences of any violations. If 4-H member's conduct during event warrants his/her return home, it will be at the expense of the parent/guardian. By your signature below you acknowledge your responsibility of the cost of this event.

_____	_____
(Teen Signature)	(Date)

_____	_____
(Signature of Parent or Guardian)	(Date)

By signing this application, you indicate your interest in becoming a Teen Counselor at 4-H camp, commit to attending at least 6 meetings, pay the Teen Counselor fee, and agree to be present at 4-H Camp the entire length of 6 days.

_____	_____
(Teen Signature)	(Date)

_____	_____
(Signature of Parent or Guardian)	(Date)

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purposes**



Camp Medical Instructions

All prescription and over the counter medications are kept locked in the health center and will be administered only as authorized by the parent and teen's physician. Only asthma inhalers may be kept in the teen's cabin. No medication will be administered unless it is received in its original container with the signed authorization form.

1. Determine if your teen will need to bring prescription or non-prescription medicine to Camp McCumber 4-H Camp.
 - A. **Do not** send any of the following non-prescription medications because, with your signed permission, they are already available:

* Benadryl (localized itch/insect bite)	* Pepto-Bismol (diarrhea)
* Caladryl Lotion (poison oak)	* Dulcolax (constipation)
* Mylanta (upset stomach)	* Neosporin Ointment (minor cuts/burns)
* Cough Drops {cough}	* Robitussin (cough)
* Cortisone 0.5% Cream (itch/rash)	* Tylenol (head/muscle aches)
 - B. If you are giving permission for these over-the-counter medications, see the back of this page.
 - C. If you are sending other non-prescription medications, treat them as prescription drugs. Follow the procedure under #2 and list them on the Medical Treatment Form that is attached.
2. Verify that all medications are properly labeled, and authorizations have been given. Verify that:
 - A. All medications are in original containers.
 - B. All medications are properly labeled, (use masking tape if necessary), including:
 - Camper's name (prescription must be for the camper only; no other name will be accepted).
 - Medication name
 - Precise dosage instructions, quantity and frequency (prescription only)
 - Physician's name (if prescription)
 - Spanish labels must be translated to English on the medical treatment
 - C. The prescription medications are not expired.
3. All medications are listed on the signed Medical Treatment Form with proper instructions for administration.
4. Place all medications (both prescription and non-prescription in original containers) in a zip-lock bag and send the bag with a responsible adult to give to the Camp McCumber 4-H Camp Nurse.
 - A. Label the baggie with your teen's name (use masking tape).
 - B. **DO NOT** send any medication to camp in your teen's suitcase.
 - C. Vitamins should not be sent to the site unless ordered by a doctor.
 - D. Turn in all medications to the Nurse at Camp.

If you have any questions regarding your teen's medication or these instructions, please contact the 4-H Office at (530) 552-5812. Thank you for your cooperation and help. We appreciate you taking the time to complete this form. It is important information which will help make your teen's experience safe and enjoyable!

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Non-Prescription Medication at Camp McCumber 4-H Camp:

Occasionally it is necessary to provide campers with non-prescription medications when they are at the camp. The medications listed below are kept in stock at camp for this purpose. Please do not send any of these items to the camp. Please check below to indicate whether you give permission for the listed medication to be administered by the Camp Nurse. We will not administer any medication without authorization.

Yes	No		Yes	No	
_____	_____	Benadryl (capsule/liquid) (localized itch/insect bite) (<i>diphenhydramine HCl</i>)	_____	_____	Pepto-Bismol (diarrhea) (<i>bismuth subsalicylate</i>)
_____	_____	Benadryl (cream) (localized itch/insect bite) (<i>diphenhydramine HCl</i>)	_____	_____	Ibuprofen (muscle aches/sprains) (<i>ibuprophen</i>)
_____	_____	Caladryl Lotion (poison oak) (<i>calamine</i>)	_____	_____	Neosporin Ointment (minor cuts/burns) (<i>neomycin/polymyxin B/bacitracin</i>)
_____	_____	Cough Drops (cough)	_____	_____	Robitussin (cough) (<i>guaifenesin</i>)
_____	_____	Cortisone 0.5% Cream (itch/rash) (<i>hydrocortisone</i>)	_____	_____	Tylenol (head/muscle aches) (<i>acetaminophen</i>)
_____	_____	Dramamine (anti-nausea) (<i>dimenhydrinate</i>)	_____	_____	Pepcid (antacid) (<i>famotidine</i>)
_____	_____	Mylanta (upset stomach) (<i>aluminum hydroxide, magnesium hydroxide, and simethicone suspension</i>)	_____	_____	Sudafed (hay fever - allergies/cold symptoms) (<i>pseudoephedrine</i>)
_____	_____	Swimmers Ear Drops (drying water-clogged ears) (<i>isopropyl alcohol/anhydrous glycerin</i>)			

I am authorizing the 4-H Camp Nurse to administer the listed non-prescription medications.

(Parent Guardian Signature)

(Date)



Youth Treatment Authorization Form

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually).

First Name Last Name

Club/Unit Name

, California

County and State

EMERGENCY CONTACT INFORMATION

First & Last Name: Home/work/other Phone:

Relationship: Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provision of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Parent/Guardian (Print Name)

Phone #

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you. The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director 4-H Youth Development Advisor, 4-H Program Representative or the Associate Director of 4-H Program & Policy at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2001 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

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Health History Information

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination: _____ Not sure _____ None _____

Height of teen: _____ ft. _____ in.

Weight of teen: _____ lbs.

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being.

Or check box if no information needs to be shared:

Please identify allergies including allergies to food, medications, and drug reactions (or "NKA" if there are No Known Allergies):

Please include any additional remarks and special instructions to better assist emergency service personnel.

If additional space is needed to answer any questions above, please use the space below to include information.



Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a doctor's note may be required to confirm the request.

Please list all current medications: (please list on next page if more space is needed)

Name of Medication	Dosage	Times Taken	
		Yes	No
Does the teen have any current emotional or behavioral difficulties that would be helpful for us to know about?			
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?			
Would you like to share any significant life or family events that will help us support the teen's current emotional state?			

Please explain any "Yes" answers on this page: _____



Save

Turn In This Form With Medication Upon Arrival at Camp

Medication Form

Please Complete Fully and Carefully

Teen's Name: _____
(Last) (First) Date of Birth

Teen's Height: _____
' "

Teen's Weight: _____
lbs.

Allergies: _____

Precautions, special instructions, possible adverse effect(s), or comments:

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

Medication: _____
Purpose of Medication: _____
Dosage Prescribed: _____
Time Schedule: _____
Dose Form (tablet, liquid): _____

The above-named teen is under the care of:

Physician's Name (print): _____ Fax Number: _____
Office Name and Address: _____ Phone Number: _____

I hereby authorize the Camp Nurse to administer the above listed medications in accordance with the instructions noted:

Parent's Signature: _____ Date: _____

