



UW-MADISON EXTENSION  
KEWAUNEE COUNTY

# KEWAUNEE COUNTY 4-H ADVENTURE CAMP OCTOBER 10-13, 2024

**FOR 4-H YOUTH AGES 13+**

**CANOEING, TEAM BUILDING, HIKING,  
SURVIVAL SKILLS, AND MORE**

**REGISTER BY AUGUST 31, 2024**



**REGISTRATION FEE: \$120\*  
INCLUDES PROGRAMS, MEALS, LODGING,  
AND TRANSPORTATION**

**Send forms and payment to Extension Kewaunee County,  
625 3rd St., Luxemburg, WI 54217.**

**Checks made payable to Extension Kewaunee County.**



**KAYLA: 920-737-2031 / DEBBIE: 920-360-0702  
FYI.EXTENSION.WISC.EDU/KEWAUNEE4H**

**TREES FOR TOMORROW EDUCATION CENTER  
519 EAST SHERIDAN RD  
EAGLE RIVER, WI**

**\*Fee is non-refundable.**



UW-MADISON EXTENSION

An EEO/AA employer, University of Wisconsin-Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX, the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act requirements.



# Wisconsin 4-H Camp Health Form



UW-MADISON EXTENSION

Event Name: \_\_\_\_\_

Dates: \_\_\_\_\_

## PARTICIPANT'S PERSONAL INFORMATION *(please print)*

FIRST NAME:	MIDDLE INIT.:	LAST NAME:	BIRTHDATE (Mo/Day/Yr.):	SEX:	PRIMARY PHONE NUMBER:
MAILING ADDRESS STREET:				CITY:	STATE: ZIP:
NAME OF PRIMARY PARENT/LEGAL CUSTODIAN IN CASE OF ILLNESS OR INJURY:			WORK TELEPHONE NUMBER:	CELL PHONE NUMBER:	
NAME OF SECOND PARENT/LEGAL CUSTODIAN IN CASE OF ILLNESS OR INJURY:			WORK TELEPHONE NUMBER:	CELL PHONE NUMBER:	

## PARTICIPANT'S HEALTH CARE PROVIDER INFORMATION

HEALTH CARE PROVIDER NAME: \_\_\_\_\_

MEDICAL FACILITY NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

This participant has no known allergies.

This participant is allergic to this food(s): \_\_\_\_\_  Does this allergy cause anaphylaxis?  Yes  No

This participant is lactose intolerant.  This participant is gluten intolerant.

Other *(please explain)*: \_\_\_\_\_

This participant is allergic to medication(s): \_\_\_\_\_  Environment (insect stings, hay fever, etc)  Other: \_\_\_\_\_

Please describe below what this participant is allergic to and the reaction seen:  
 \_\_\_\_\_  
 \_\_\_\_\_

## MEDICATION

This participant will NOT take any prescription medications while attending camp.

This participant will take the following prescription medication(s) while attending camp. I am bringing enough medication to last the entire session and it is in the original container labeled by the pharmacy. (If more space for medications is needed, staple another page with additional medications to the end of the form.)

Name of Medication	Amount or Dose Given	Reason for Taking It	When It Is Given	How It Is Given	Emergency Medication Only Legal Guardian to initial below if camper is able to carry and self-administer (i.e inhaler, epi-pen)
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
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**MEDICAL INSURANCE INFORMATION:**

The participant is covered by family medical/hospital insurance.  Yes  No

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Insurance Company Phone Number: \_\_\_\_\_

**ASTHMA**

This participant **does NOT** have asthma.  This participant **does** have asthma.

Asthma Triggers (check all that apply)	Signs/Symptoms of asthma episode	Frequency of episodes	How episode is managed
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<input type="checkbox"/> Exercise	<input type="checkbox"/> Colds		
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<input type="checkbox"/> Infections	<input type="checkbox"/> Emotions		
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Allergies (to what?)

Weather (what type?)

Other (list)

**IMMUNIZATIONS**

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE (√) OR (X) except to answer the question about chickenpox, Tdap or Td. If you do not have an immunization record for this child at home, contact your doctor or public health department to obtain it. A copy of the child's complete immunization record from the WIR may be attached to this form <http://www.dhfs.wisconsin.gov> or from healthcare providers, state, or local government are also acceptable.

TYPE OF VACCINE*	FIRST DOSE Mo/Day/Yr	SECOND DOSE Mo/Day/Yr	THIRD DOSE Mo/Day/Yr	FOURTH DOSE Mo/Day/Yr	FIFTH DOSE Mo/Day/Yr
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio (IPV)					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine Vaccine is needed only if your child has not had Chickenpox disease			Has your child had Varicella (chickenpox) disease? <input type="checkbox"/> Yes, year: _____ <input type="checkbox"/> No or Unsure (vaccine needed)		

For health reasons, this child is not fully immunized.

For personal conviction or religious reasons, this child is not fully immunized. \*Include any immunizations received above.

**RESTRICTIONS:**

I have reviewed the program and activities of the event and feel the participant can participate without restrictions.

I have reviewed the program activities of the event and feel the participant can participate with the following restrictions or adaptations (Please describe below):

**OTHER CAMPER CONSIDERATIONS**

PLEASE INDICATE ANY OTHER IMPORTANT MEDICAL CONDITIONS (eg. Diabetes; seizures; physical conditions; non-prescription medications not to be given; mental, emotional, or social health)

**SIGNATURE**

This health history is correct and accurately reflects the health status of the participant. The person described has permission to participate in all event activities except as noted by me or an examining physician. I give permission to the event to provide routine healthcare services, administer medications, and seek emergency services.

SIGNATURE – Parent/Guardian/Legal Custodian \_\_\_\_\_ DATE \_\_\_\_\_




# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

## TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications may be administered by event/camp health staff as needed. The following over-the-counter medications may NOT be administered by event/camp health staff:	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.

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**Participant Name (Please Print)**

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**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

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**Date**

**This is the approved health form for 4-H events and camps.**



## Information for Parents/Legal Guardians

We are excited that your child is coming to Trees For Tomorrow Environmental Education Center! In operation since 1944, Trees For Tomorrow's (TFT) goal is to provide the highest quality natural resource education for everyone who participates. We approach resource management through field experiences and studies focusing on interrelationships among humans, wildlife, forests, and water. At Trees For Tomorrow, your child will find interesting classes, new friends, comfortable accommodations, and excellent meals.

### Parents/legal guardians, please

- Review the Information for Parents/Legal Guardians with your child.
- Review the Student Expectations with your child.
- Complete the Participant Information form.
- Sign the Permission/Release form
- Return completed Participant Information form and Permission/Release form to the coordinator at your school.

### Our Instructors

Trees For Tomorrow has a full staff of professional environmental science educators. They will be the teachers and guides while students are visiting.

### Arrival

Upon arrival, students will be assigned a shared dorm room with other students in a comfortable, clean, heated dormitory. Students will be responsible for leaving the room in the same condition when they leave.

### Permission/Release Forms

State law requires that each student attending Trees For Tomorrow have a signed and completed permission/release form with them when they arrive. Parents or legal guardians are responsible for signing and completing these forms. Students will not be allowed to register without a completed form.

### Special Dietary Needs

Please indicate on the Participant Information form if your child has any special dietary needs, such as food allergies, so we can plan accordingly.

### Vandalism, Drugs and Alcohol

Taking part in vandalism, possessing drugs or alcohol, and other serious disciplinary problems are cause for sending students home immediately at the expense of the parent or legal guardian. All illegal activities will be reported to local authorities. Trees For Tomorrow's campus is across the street from the Eagle River Police Department and around the corner from the Vilas County Sheriff's Department. Damage to the facilities and/or equipment will be billed to the parents/legal guardians of the students who created the damage.

### In Case of an Emergency

In the event there is an illness or injury while at Trees For Tomorrow, our staff are all trained in First Aid and CPR and there is a hospital within five minutes of campus. In addition, Trees For Tomorrow has two AEDs on campus for cardiac emergencies. Parents/legal guardians will be billed for any medical expenses. If parents need to reach their child at Trees For Tomorrow, they may call the main office Monday-Friday between 8:30am-4 pm: 715-479-6456. There may be times the phone is not answered. Please leave a message if that happens.



### What to Bring

- Hiking boots or sturdy shoes suited for going off-trail (*no open-toed shoes*)
- Extra pair of closed toed shoes
- Long pants (*heavy pants in fall/winter*)
- At least four pairs of socks (*heavy wool socks for winter*)
- Notebook and a pen or pencil
- Water bottle
- Rain jacket
- Sweaters and/or sweatshirts
- Warm jacket and/or a windbreaker
- Warm winter clothing including wool socks, long underwear, snow pants, winter coat, water-proof and warm boots, hat, and warm mittens or gloves (*from late October through April*)
- Pajamas
- Sleeping bag or sheets and blanket
- Pillow and pillowcase
- Towels and wash cloths
- Soap and shampoo
- Toothbrush and toothpaste
- Prescription medicine in original container with instructions (*must be handed in to group coordinator prior to arrival*)
- Completed & signed Trees For Tomorrow Participant Information form and Permission/Release form.

### Optional

- Small backpack for hiking
- Rain pants
- Alarm clock and/or watch
- Waterproof boots
- Camera
- Sunglasses
- Sunscreen
- Bug spray
- Reading material

### Available at The Tree Trunk Gift Shop

- Reusable water bottles
- Trees For Tomorrow t-shirts, sweatshirts, mugs, pins and other souvenirs
- Field guides
- Warm socks
- Note: Most clothing items are \$20-\$40 each and souvenirs are \$10-\$20 each.  
\*Please note there will be a 3% processing fee for credit cards

### What NOT to Bring

- Pocket or hunting knives
- Firearms
- Fireworks
- Radios or CD players, televisions, speakers, or any other electronic entertainment devices (*unless approved by your group coordinator*)
- Cell phones to class (*unless approved by your group coordinator for taking pictures*)
- Drugs (*other than prescription*)
- Alcohol

### Clothing Suggestions

Remember the following points so you will be comfortable in a variety of weather conditions:

- Plan to dress in loose layers. Loose clothing allows easier movement and greater warmth.
- Wool and polar fleece are preferable to cotton because they stay warm, even when wet.
- A warm hat and scarf are essential in cold months.
- Mittens are generally warmer than gloves.



#### **Trees For Tomorrow Environmental Education Center**

P.O. Box 609, 519 Sheridan Street East, Eagle River, WI 54521  
TFT.info@treesfortomorrow.com ~ TreesForTomorrow.com ~ 715-479-6456

#### **Vision:**

**Preparing today's youth to be tomorrow's stewards of our natural world.**

#### **Mission:**

**Trees For Tomorrow promotes sustainable management of our natural resources through transformative educational experiences.**

#### **Values:**

**Balance, Sustainability, Collaboration, Professionalism, and Fun**



# Trees For Tomorrow

## Student Expectations

### Dear Students,

We are excited about your visit and hope you are excited to learn with us as well! In order to make your trip as enjoyable as possible, here are some important expectations we have:

Please practice respect of the following things:

- ✓ Respect yourself
- ✓ Respect others, including other students, chaperones, TFT staff, and TFT visitors
- ✓ Respect Trees For Tomorrow facilities including equipment and buildings
- ✓ Respect the natural environment

### **General Rules**

1. All school rules apply throughout the entire workshop.
2. During Trees For Tomorrow class time, you are expected to
  - Be on time
  - Bring your TFT field journal (if provided by Trees For Tomorrow) or a notebook (with your name on it) and a pencil
  - Raise your hand when you have a question or answer
  - Participate in group discussions
  - Come to class dressed to be outside
  - Not use or not have cell phones or other electronics (unless otherwise approved for photo taking by your chaperones)
3. In the dorms, you are expected to
  - Respect the facilities
  - Dispose of garbage in garbage cans located in dorm rooms or in dorm lounge
  - Dispose of recyclable materials in proper recycling bin located in dorm lounge
  - Stay out of dorms your group is not assigned to
  - Visit rooms only of the same gender
  - Clean up and put away any books, magazines, or games that you use in dorm lounge
  - Follow school/group chaperone lights out and wake up time expectations
  - Keep your room organized and clean
  - Not bring food or drinks onto beds
  - Clean-up and pack up gear on last morning before final class begins.
4. At meals, you are expected to
  - Be on time
  - Be respectful to each other and Trees For Tomorrow Hospitality Staff
  - Be responsible with your food choices (eat a healthy meal and waste as little as possible)
  - Follow clean-up and composting procedures
5. While outside on campus, you are expected to
  - Respect all Trees For Tomorrow property
  - Pick up and put away any Trees For Tomorrow equipment that you use
  - Stay away from the Eagle River dock and other restricted areas
  - Stay in sight of at least one adult chaperone (unless otherwise approved by a chaperone),
  - Let a chaperone know if you wish to explore the TFT Forest Trail with a buddy during free time
  - Stay on campus except when with school/group chaperones and TFT Staff for field site visits





# PARTICIPANT INFORMATION

## STUDENT

### STUDENT INFORMATION

Student Name	School/Group	Birth date
	Workshop Dates	
Prescription medication(s) taken: <i>(Need to be in original container and labeled with participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. All medications shall be administered by the school/group coordinator according to TFT policy and your school policy.)</i>		
Food allergies and/or special dietary needs		
Other allergies and/or special medical conditions we should know about		

### PARENT/GUARDIAN INFORMATION AND EMERGENCY CONTACT

Name	Cell/day phone #	Alternate phone #
Relationship to student		
Address	City	State      Zipcode
E-mail address		
Second/alternative emergency contact	Cell/day phone #	Alternate phone #
Relationship to student		

**Trees For Tomorrow Environmental Education Center**  
 P.O. Box 609, 519 Sheridan Street East, Eagle River, WI 54521  
[TFT.info@treesfortomorrow.com](mailto:TFT.info@treesfortomorrow.com) ~ [TreesForTomorrow.com](http://TreesForTomorrow.com) ~ 715-479-6456

*Complete both sides.*

## PERMISSION AND RELEASE

**STUDENT, by signing below, you agree to the following:**

- I have reviewed and understand the **Student Expectations**.
- I also understand that **if I fail to follow these expectations or participate in any illegal activities**, school chaperones will contact my parents. My parents will arrange my pick-up and I will immediately be sent home at my parents' expense.
- I also understand that upon check-out, **any damages to Trees For Tomorrow property** or any housekeeping services required beyond normal day-to-day use caused by me, will be billed to my parents/guardians.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/GUARDIANS, by signing below, you agree to the following:**

*Please read carefully, as this is a legally binding release of liability.*

- I **give my permission** for my child to attend Trees For Tomorrow.
- I acknowledge that the **information on the Participant Information form**, including my child's medical conditions, is complete and correct to the best of my knowledge.
- I **reviewed with my child Trees For Tomorrow's rules and policies** and agree to advise my child to comply. I understand and agree that if my child fails to follow the rules, he/she may be expelled from Trees For Tomorrow and sent home at my expense.
- I **authorize TFT medical staff to provide medical treatment**, if needed, for my child and to call for advanced medical care or to transport my child to a medical facility or hospital if, in the opinion of such personnel, my child needs medical attention. I understand I will be billed for any medical charges if my child does not have health insurance.
- I agree to **hold harmless and indemnify Trees For Tomorrow**, their officers, employees, and agents from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my child's participation in a course or program promoted, sponsored, administered, or otherwise hosted by Trees For Tomorrow, to the greatest extent allowable by law.
- On behalf of myself, my heirs, administrators, executors, personal representatives and any other agent acting on my behalf, I agree to waive, release, **hold harmless and indemnify Trees For Tomorrow**, its officers, employees, successors and all other agents, against any and all liability claim, injury, medical claim, losses, expenses, costs, death and other causes of action, of whatever kind or nature, due to my child's possible exposure to the COVID-19 virus or similar viruses, that may arise as a consequence of my child's participation in a course or program promoted, sponsored, administered, or otherwise hosted by Trees For Tomorrow, to the greatest extent allowable by law.

Yes \_\_\_\_\_ No \_\_\_\_\_ I authorize Trees For Tomorrow and/or local authorities to **search** my child's dorm, dorm room and belongings if there is reasonable suspicion that my child violated school policy or local, state, or federal laws.

Yes \_\_\_\_\_ No \_\_\_\_\_ I give Trees For Tomorrow permission to **use photos, audio, and/or videos** of my child at Trees For Tomorrow in any and all of its publications and for marketing purposes, including web-based publications, radio or broadcast, without payment or other consideration.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Failure to sign this form will prohibit your child from participating in all Trees For Tomorrow activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Trees For Tomorrow programs, facilities, and policies at any time.*