



**One form must be completed for each participant. Please send to:**

**Bryant Pond**

PO Box 188

Bryant Pond, ME 04219

Questions?

207-665-2068

extension.bryantpond@maine.edu

**Tanglewood and Blueberry Cove**

1 Tanglewood Rd

Lincolntonville, ME 04849

Questions?

207-789-5868

extension.tanglewood4h@maine.edu

## Health History Form for Program Participants

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Preferred \_\_\_\_\_

Home Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

**Custodial parent(s) or guardian(s) (if under 18):**

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

**If you are not available in an emergency whom should we notify?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

### Insurance Information

Is this person covered by family medical and hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, provide carrier and plan name \_\_\_\_\_ Group # \_\_\_\_\_

**A photocopy of both sides of your insurance card must be attached to this form.**

**Parents or Guardian Authorization:** This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted in this Health History. I hereby give permission to the UMaine 4-H Camp & Learning Center staff to conduct a health check for head lice and skin conditions, and to provide routine health care, administer prescribed or other medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to UMaine 4-H Camp & Learning Center staff to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by UMaine 4-H Camp & Learning Center staff to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied for trips leaving base camp.

**Parent, Guardian, or Adult Participant Signature\*** \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in program activities by medical personnel.

**Minor or Adult Participant Signature\*** \_\_\_\_\_ Date \_\_\_\_\_

\*If for religious reasons you cannot sign this, contact the UMaine 4-H Camp & Learning Center for a legal waiver that must be signed to allow attendance.

## Health History

The information provided here by the parent, guardian, or adult participant is intended to provide UMaine 4-H Camp & Learning Center health care personnel with the background needed to provide appropriate care, and the program personnel with the information needed to provide a safe, healthy, and appropriate camp experience. Any changes to this information should be provided to health care personnel upon arrival at camp. This information will not be used to exclude a participant from participation unless the participant cannot perform program requirements with or without a reasonable accommodation or is determined to be a direct threat to the health or safety of others.

### Allergies

1. Is this person allergic to any food, medication, or other substance? Yes \_\_\_\_ No \_\_\_\_

If yes, please list all allergens and describe your child's reaction to them:

\_\_\_\_\_

\_\_\_\_\_

2. Has this person ever had any unusual reaction to an insect bite or bee sting? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### Medications

1. Does this person currently take a prescribed medication or treatment (including over-the-counter and homeopathic remedies)? Yes \_\_\_\_ No \_\_\_\_ If yes, please complete the Medications section of this form.
2. Does this person self-administer any medication, such as an inhaler, or carry an epipen or anakit? Yes \_\_\_\_ No \_\_\_\_
3. If it is found necessary by the UMaine 4-H Camp & Learning Center health care personnel, do you consent to this person being given common, over-the-counter medications such as Benadryl, Caladryl, Tylenol, Advil, Motrin, Pepto Bismol, Maalox, Imodium, Tums, Sudafed, cough medicine. Yes \_\_\_\_ No \_\_\_\_

**Please list ALL medications** (including over-the-counter medications and homeopathic remedies) **taken routinely.** Bring enough medication to last the entire camp session. ALL items should be in their original packaging, bottle, or container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **Attached additional pages if necessary.**

**Medication #1** \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Medication #2** \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Medication #3** \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

### Dietary Restrictions – Please check all that apply

☐ Does not eat red meat

☐ Does not eat pork

☐ Does not eat eggs

☐ Does not eat poultry

☐ Does not eat seafood

☐ Does not eat dairy products

Other (please describe): \_\_\_\_\_

\_\_\_\_\_

**Immunization Record – Please provide the date each immunization was received** (or provide a copy of this person's immunization record from your health care provider)

\_\_\_\_\_ Hepatitis B (Hep B)

\_\_\_\_\_ Rotavirus (RV, RV1, RV5)

\_\_\_\_\_ Diphtheria, tetanus, pertussis (DTaP, Tdap)

\_\_\_\_\_ Haemophilus influenza type b (Hib)

\_\_\_\_\_ Pneumococcal conjugate (PCV13)

\_\_\_\_\_ Pneumococcal polysaccharide (PPSV23)

\_\_\_\_\_ Inactivated poliovirus (IPV)

\_\_\_\_\_ Influenza (IIV, LAIV)

\_\_\_\_\_ Measles, mumps, rubella (MMR)  
\_\_\_\_\_ Varicella (VAR)  
\_\_\_\_\_ Hepatitis A (HepA)

\_\_\_\_\_ Human papillomavirus (HPV2, HPV4)  
\_\_\_\_\_ Meningococcal (Hib-MenCY,  
MenACWY-D, MenACWY-CRM)

### Disabilities or Physical Restrictions

Please describe any disabilities or physical restrictions for this person of which you want us to be aware, and any reasonable adaptations or accommodations that are requested.

**Any person with a disability who needs accommodations for the program should contact the appropriate Summer Camp Director to discuss their needs, preferably at least 21 days in advance. Shorter notification may mean we will not be able to provide accommodation at the start of the program.**

Bryant Pond – Ron Fournier, [ronald.fournier@maine.edu](mailto:ronald.fournier@maine.edu) or 207-665-2068

Tanglewood – Jessica Decke, [jessica.decke@maine.edu](mailto:jessica.decke@maine.edu) or 207-789-5802

Blueberry Cove – Ryan LeShane, [ryan.leshane@maine.edu](mailto:ryan.leshane@maine.edu) or 207-491-6537

**Please use this space to provide any additional information about this person's behavior and physical, emotional, or mental health (such as bedwetting, toilet issues and sleepwalking) that UMaine 4-H Camp & Learning Center staff members should be aware of to provide a safe, healthy, and appropriate camp experience.**

For Camp Personnel use only

Updates to Health History: Yes \_\_\_\_ No \_\_\_\_ Date screened \_\_\_\_\_ Head check \_\_\_\_ Skin check \_\_\_\_ Cabin \_\_\_\_\_

Meds received \_\_\_\_\_

Notes:

Tanglewood  
One Tanglewood Road  
Lincolnton, ME 04849  
Ph 207.789.5868



THE UNIVERSITY OF  
**MAINE**  
Cooperative Extension



Blueberry Cove  
22 Blueberry Cove Road  
Tenants Harbor, ME 04860  
Ph 207.491.6537

## 4-H Camp and Learning Centers

*Partnering with the University of Maine Cooperative Extension since 1982*

Main Office: 207.789.5868 ~ E-mail: [extension.tanglewood4h@maine.edu](mailto:extension.tanglewood4h@maine.edu) ~ Fax: 207.789.5220

### RELEASE AND ASSUMPTION OF RISK

I, \_\_\_\_\_, of \_\_\_\_\_, being the parent or legal guardian of, \_\_\_\_\_ (hereinafter referred to as "my child"), who is \_\_\_\_\_ years of age (having been born on \_\_\_\_\_), in consideration of my child being permitted to participate in programs of Tanglewood & Blueberry Cove 4H Camp and Learning Centers, acknowledge, declare and agree as follows:

1. That I have voluntarily agreed to have my child participate in Tanglewood & Blueberry Cove 4H Camp and Learning Centers from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_, and in consideration of my child being permitted to participate in the camp, do voluntarily execute this "Release and Assumption of Risk" on behalf of my self, my heirs and next-of-kin, my personal representatives and my estate, and agree to be bound by the terms of this Release and Assumption of Risk.

2. That I have been fully informed of the nature, scope and demands of the camp program, and I understand that the program may include activities which could be dangerous to my child and other participants and which could cause property damage, bodily injury and/or death. Such dangers, hazards and risks of this program may include, but are not limited to, injuries inflicted by swimming; small craft/boating; intense physical exertion; exposure to elements such as severe weather, heat, cold, sun, biting insects, and fire; vehicles, bicycles, and travel by foot over varied terrain.

3. That the University of Maine System and/or Tanglewood & Blueberry Cove 4-H Camp and Learning Centers (hereinafter referred to as the "University") has informed me that there may be dangers and hazards inherent to participants in the Camp Program because of the activities and travel involved, and that I personally recognize and appreciate that such dangers and hazards exist. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to my child or which my child may suffer or cause to others, and for all damages or loss to any personal property owned by me or my child or damaged by my child, while my child is participating in the Camp Program and during all travel and transportation, and, in furtherance thereof, I agree to indemnify, hold harmless and release the University, its Trustees, faculty, employees, volunteers and agents, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my child's or my personal property, my child's personal injury or death, or the bodily injury, death or damage to personal property of others caused by my child, which may occur or result directly or indirectly from my child's participation in the Camp Program and not as a direct result of any negligent act of the University, its Trustees, faculty, employees, volunteers or agents.

4. I declare that I have carefully reviewed with my child the nature, scope and demands of the camp program as outlined in section 2 above; that I have reviewed with my child the risks associated with participation in the camp program as outlined in section 3 above; and that I have provided my child with reasonable instructions on personal safety and safe behavior toward others and their property while participating in the camp program.

5. I declare that my child is able to physically withstand and cope with the indicated rigors of the Camp Program with or without a reasonable accommodation. If an accommodation is needed, I will contact Patti Chapman at 1-800-944-2267 (toll-free in Maine) or 207-789-5868, or [extension.tanglewood4h@maine.edu](mailto:extension.tanglewood4h@maine.edu).

6. I agree not to hold the University responsible for itinerary changes to, early termination or non-operation of any Camp program caused by weather, low enrollment, unusual water levels, strikes, political or diplomatic changes or other causes beyond the control of the Tanglewood & Blueberry Cove 4-H Camp and Learning Centers.

7. This "Release and Assumption of Risk" shall be construed and interpreted pursuant to the laws of the State of Maine, and if any portion thereof is held invalid, void, unenforceable or illegal, the remainder shall continue in full force and effect.

I declare that I completely understand and have fully informed myself of the terms and conditions of this "Release and Assumption of Risk" by having read it, or having it read to me, before signing and I intend to be fully bound thereby.

Assented and agreed to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature Parent or Guardian of Participating Minor

THE LAND GRANT UNIVERSITY OF THE STATE OF MAINE AND THE U.S. DEPARTMENT OF AGRICULTURE COOPERATING.

*Cooperative Extension provides equal opportunities in programs and employment.*

Tanglewood  
One Tanglewood Road  
Lincolnton, ME 04849  
Ph 207.789.5868



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# Code of Responsibility

In an attempt to create an atmosphere where all campers have the opportunity to reach their greatest potential, we have created a Code of Responsibility. Tanglewood's Code of Responsibility is based on two core concepts, **safety** and **respect**. These terms will also be discussed as part of the initial camper orientation on the first day of each session, but we encourage you to discuss these concepts with your camper. When any camper acts in ways that are unsafe or disrespectful, he or she must understand that we *will not* accept that behavior and he or she *may be sent home*, will not be entitled to a refund, and may or may not be invited to return. In addition to following this Code, Tanglewood strives to practice positive ways to create healthy, sustainable lifestyles for ourselves, those around us, and the planet.

*A few examples of appropriate, safe, respectful behaviors are:*

Making sure to include all group members in an activity; resolving conflicts peacefully (with negotiation and/or the support of a counselor); using good table manners; actively helping with group chores like cabin cleanup. There are many examples and we encourage you to create your own list.

*Some examples of unsafe, disrespectful, or unacceptable behavior are:*

**Acts of violence** - Any act of aggression that threatens the safety of another human being, or one's self, will not be tolerated at Tanglewood. This includes, but is not limited to, hitting, pushing, using weapons or anything as a weapon, such as knives, sticks, rocks and other objects.

**Invasion of personal space/privacy** - Campers are not allowed to visit other cabins without permission of both their own cabin counselor and the counselor in the cabin they are visiting. In addition, the space on and around an individual's bed is private and should not be entered by a camper who does not sleep there, unless invited with permission from the cabin counselor. Camp administration retains a right to search camper's belongings if the health, well-being, or safety of the camper or others requires it, and if the camper is present.

**Offensive or threatening language** - Swearing, name-calling, put-downs, bullying, and the use of words or language that offends or threatens anyone who hears them are examples of being disrespectful. This also includes threats to the safety of one's self, including suicide threats. Our staff are not qualified to counsel suicidal individuals, so any apparent suicidal threats will be treated as an emergency and that camper may be sent home.

**Destruction of property** - Whether it belongs to Tanglewood or another camper, destroying property is unacceptable. This includes writing or etching on cabin walls, bed boards, picnic tables, and other camp property. (Yes, signing the cabin walls was considered acceptable until the 1970s.)

**Public displays of intimacy** - Kissing, holding hands, sexual touching and excessive physical contact is offensive to some, intimidating to many, and exclusive to all. Such actions do not promote open communication and friendship building, and are not considered respectful.

**Not eating** - Our cooks and staff strive to provide a healthy variety of foods at each meal. Refusing to eat will be considered a symptom of illness or as unsafe behavior.

**Ignoring or disregarding staff requests** - As supervisors, our staff must be listened to and respected at all times. If a camper refuses to follow directions or refuses to listen to directions, he or she is not showing respect.

**Leaving camp grounds, leaving the group** - Running away or leaving the group without permission is an assumed safety risk. Campers must be supervised at all times, and leaving that supervision is not considered safe.

**Violating camp's drug and alcohol policies** - Our policy prohibits campers from possessing or using cigarettes, alcohol or any drugs while at camp without parent permission and nurse supervision. This policy was designed to meet the safety needs of all individuals, our community as a whole, and to abide by law. Violation is unsafe and illegal and will result in mandatory dismissal from camp.

*Please sign below to affirm that you have read and understand this Code of Responsibility. With your help, our community can work, play and live together in a safe and respectful manner. Thank You!*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Camper's signature

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### UNIVERSITY OF MAINE SYSTEM RELEASE AGREEMENT

I, \_\_\_\_\_, hereby grant and authorize the University of Maine System, acting through the University of Maine, (hereinafter UMS) its employees and agents to make use of, license or assign the use of, my image, appearance, likeness, voice and/or photograph, and other reproductions of any of these, in still photographs, videotapes, publications, audio, sound recordings, web sites, electronic and other media and/or motion pictures, (hereinafter all of which are included in the term "Material") and to do so with or without mention of my name.

I understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Material.

UMS shall have complete ownership of the Material produced or published and shall have the exclusive right and license to make such use of that Material as it wishes, including, but not limited to the right of performance, display, reproduction and distribution in all media, and the right to create, perform, display and distribute derivative works of the Material.

I agree to indemnify and hold UMS, the University, its employees and agents, harmless from and against any and all claims, damages, lawsuits, judgments, and expenses, including reasonable attorneys' fees, that UMS may become liable to pay or defend arising out of or caused by any matter or material furnished or spoken by me in connection with my appearance.

I hereby release UMS, its employees and agents from all expenses, claims and liabilities incurred by me arising out of or in connection with my appearance and/or the use of the Material, except to the extent that those expenses, claims or liabilities are the direct result of the negligent acts or omissions of UMS, the University, its employees or agents.

This agreement shall be governed and construed according to the laws of the State of Maine.

If under 18, must be signed by parent or guardian

DATE	SIGNATURE	PLEASE PRINT NAME
<hr/>		
ADDRESS	PHONE NUMBER	
<hr/>		
IF APPLICABLE, SIGNATURE OF PARENT OR GUARDIAN		OF
<hr/>		

THE LAND GRANT UNIVERSITY OF THE STATE OF MAINE AND THE U.S. DEPARTMENT OF AGRICULTURE COOPERATING.

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## Equal Opportunity For All

Tanglewood 4H Camp and Learning Center is a program of the University of Maine Cooperative Extension. As a partner of the University of Maine, it is important that we ensure equal opportunity to all who might benefit from our programs.

As a way to document those we are reaching, we are seeking the following information on an optional and anonymous basis. Please return this form even if you choose not to provide the requested information. You may return this form with your child's health form or you may mail it separately to Tanglewood 4H Camp and Learning Center, One Tanglewood Rd, Lincolnville, ME 04849.

Please check all that apply:

<input type="checkbox"/> American Indian or Alaskan Native (not of Hispanic Origin)	<input type="checkbox"/> American Indian or Alaskan Native (Hispanic Origin)
<input type="checkbox"/> Black or African American (not of Hispanic Origin)	<input type="checkbox"/> Black or African American (Hispanic Origin)
<input type="checkbox"/> Asian or Pacific Islander (Not of Hispanic Origin)	<input type="checkbox"/> Asian or Pacific Islander (Hispanic Origin)
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Not of Hispanic Origin)	<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Hispanic Origin)
<input type="checkbox"/> White (not of Hispanic Origin)	<input type="checkbox"/> White (Hispanic Origin)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other, please specify _____
<input type="checkbox"/> I prefer not to provide this information	

Comments: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about the program you are participating in? \_\_\_\_\_

If you have questions, concerns or comments about this form or the information we are requesting, please feel free to contact Patricia Chapman at 789-5868.