



# St. John the Baptist Parish 4-H

## 2025 Food & Fitness Day Camp Registration Form

Day Camp: January 14, 2025 – 4-H Mini Farm, LSU-BR

The Louisiana 4-H Food & Fitness Board is excited to host a Food & Fitness Day Camp that will feature hands-on activities such as cooking, games, mindfulness and more

Cost of Camp:

✿ \$35.00, which includes lunch for the day

Space is limited and will be given on a first-come, first-serve basis.

### PARTICIPANT INFORMATION

First Name	Last Name	Gender
Mailing Address (P.O. Box/Street)		
City	Zip Code	Grade
School Attending	Date of Birth	Age as of January 1, 2025

List all food allergies youth have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will youth need transportation for this event: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, select which location you'd like to be picked up and dropped off from: West Bank \_\_\_\_\_ East Bank \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Select Your Payment Method: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Debit/Credit Card \_\_\_\_\_

#### Paying by Check or Money Order

Make all checks and money orders payable to: St. John 4-H  
Foundation

#### Paying by Debit/Credit Card

Complete the following information and an electronic invoice will be emailed to you to pay

Name of Cardholder: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If paying by debit/credit card, you can email this registration form to Xavier Bell, 4-H Agent, at [Xbell@agcenter.lsu.edu](mailto:Xbell@agcenter.lsu.edu)

## Registration Deadline: January 6, 2025

Mail all registration and health forms to: St. John Parish 4-H, P.O. Box 250, Edgard, LA 70049

You may withdraw your registration by Jan. 6, 2025, for a full refund. After Jan. 6, 2025, you will forfeit your entire registration fee.



# 2024-2025 MEDICAL/HEALTH FORM - DAY EVENT

PARTICIPANTS FULL NAME

FIRST

MIDDLE

LAST

ADDRESS

STATE

ZIP

BIRTH DATE (00/00/0000)

AGE

GENDER

PARENT/GUARDIAN'S NAME

PARENT PHONE NUMBER #1

PARENT PHONE NUMBER #2

EMERGENCY CONTACT NAME IF PARENT NOT AVAILABLE

EMERGENCY CONTACT PHONE #1

EMERGENCY CONTACT PHONE #2

PHYSICIAN'S NAME

PHYSICIAN'S PHONE NUMBER

HEALTH INSURANCE COMPANY NAME

ARE IMMUNIZATIONS CURRENT?

DATE OF LAST TETANUS SHOT?

INSURANCE POLICY #

NAME OF MEMBER

TO THE BEST OF MY KNOWLEDGE, THIS CHILD IS HEALTHY AND FIT FOR AN ACTIVE CAMP PROGRAM.

HAS YOUR CHILD BEEN EXPOSED TO ANY COMMUNICABLE DISEASE IN THE PAST 6 MONTHS?

IF YES, PLEASE EXPLAIN BELOW:

PREVIOUS HOSPITALIZATIONS/SURGERIES

LIMITATIONS OF ACTIVITIES BY PHYSICIAN'S ADVICE (IE SWIMMING, HIKING)

## THE CAMPER IS CURRENTLY EXPERIENCING OR HAS RECENTLY HAD PROBLEMS WITH:

### ALLERGIES

<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	IVY POISONING, ETC
<input type="checkbox"/>	PENICILLIN	<input type="checkbox"/>	INSECT/BEE STINGS
<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	OTHER DRUGS
<input type="checkbox"/>	OTHER (PLEASE SPECIFY)		

### OTHER

<input type="checkbox"/>	FREQUENT EAR INFECTION
<input type="checkbox"/>	CONVULSIONS
<input type="checkbox"/>	DIABETES
<input type="checkbox"/>	BLEEDING/CLOTTING DISORDERS
<input type="checkbox"/>	EXPOSURE TO SUN
<input type="checkbox"/>	OTHER (PLEASE SPECIFY):

### NEURO/PSYCHOLOGICAL

<input type="checkbox"/>	ADD/ADHD
<input type="checkbox"/>	EPILEPSY
<input type="checkbox"/>	CONCUSSION
<input type="checkbox"/>	COUNSELING
<input type="checkbox"/>	OTHER (PLEASE SPECIFY)



The LSU AgCenter provides equal opportunities in programs and employment.

Last Revision: 7/23 / Reviewed 7/24

# LOUISIANA 4-H MEDICAL/HEALTH FORM (DAY EVENTS ONLY)

Page 2

IS CAMPER ON RESTRICTED DIET? \_\_\_\_\_ IF RESTRICTED DIET, PLEASE EXPLAIN DIETARY ISSUES AND NEEDS BELOW:

**PLEASE NOTE: CAMPERS WITH SEVERE FOOD ALLERGIES OR UNIQUE DIETARY NEEDS ARE EXPECTED TO BRING THEIR OWN FOOD. FOOD WILL BE SAFELY STORED BY CAMP HOST. WE CANNOT GUARANTEE THAT ANY AREA AT CAMP IS ALLERGEN-FREE!**

## MEDICATION INFORMATION

TYPE OF MEDICATION(S)

HOW TO ADMINISTER?

PURPOSE OF MEDICATION(S)?

OTHER COMMENTS OF INFORMATION PERTAINING TO MEDICATION?

Please note that the medication must be in original container with the label still intact.

### MEDICINE DISPERSMENT:

We are only able to administer emergency medications, specifically:  
Epi-Pens, Benadryl (for anaphylactic allergies), and inhalers.

## MEDICAL CONSENT/RELEASE

The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

**By my signature below, I agree to this statement and further affirm all information correct as well as all information is provided about my child to ensure a positive, safe, and enjoyable environment for them as well as other campers and camp staff/volunteers**

SIGNATURE OF PARENT/GUARDIAN

DATE