Energy Express
Child Application

Completing this application does not guarantee enrollment. The number of child applications we receive may exceed the number of openings we have available. If your child is offered enrollment in Energy Express, you will be notified prior to the start of the program.

Child's Name_____**Male/ Female** _____

Birthdate _____ **Age**_____

How many years has your child attended Energy Express?_____

Custodial Parent/Guardian_____

Home Address _____

_____

City State Zip

Day Phone _____ **Evening Phone** _____

Cell Phone _____ **Email Address** _____

Second Parent or Guardian_____

Home Address _____

_____

City State Zip

Day Phone _____ **Evening Phone** _____

Cell Phone _____ **Email Address** _____

Directions to Home _____

_____

_____

School _____ **Grade entering in School (Fall 2016)** _____

Current Teacher's Name _____

Does your child receive services through special education? Yes_____ **No** _____

If yes, what kind? LD ____ **PD** ____ **ED/BD** ____ **MI**____ **Speech** ____ **Gifted** ____

Other_____

Does your child receive individual or small group Title I services? Yes_____**No**_____

Does your child qualify for free or reduced lunch?

Eligible for free lunch ____ **Eligible for reduced lunch** ___ **Not eligible** ___

Will your child have to miss any days during the six weeks of Energy Express? Yes_____**No**_____

If yes, when? _____

Person to contact in case of emergency if parent/guardian can't be reached:

Name_____ Phone: _____

Name_____ Phone: _____

Can you give some time to Energy Express? Check the one (or more) that you might be able to do:

____Listen to children read
____Read to children
____Work in the kitchen/cafeteria
____Help in the office
____Provide transportation
____Help children with projects
____Plan activities for parents
____Help plan special activities for children

Who can pick up your child from Energy Express?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The person will be asked to show some form of ID when picking up your child.

The Energy Express staff will ask your child questions or will use your child's written work to see if the program is working. What your child says or writes will not be recorded by his/her name but as part of an Energy Express group. Your signature gives us permission to ask your child general questions or to use his/her work. This does not affect your child's participation in Energy Express.

Parent's or Guardian's signature_____ Date _____

During Energy Express, photographs or tapes may be made of children in the program. These might be used in the newspaper, on our website, or in publicity about the program. Your signature gives us permission to use photographs or tapes of your child. Your answer does not affect your child's participation in Energy Express. Check which ones we may use:

____ Photographs ____ Audio Tapes ____ Videotapes

Parent's or Guardian's signature_____ Date _____

Energy Express welcomes parents and families and hopes that you will be able to join us for some activities. When could you attend something planned for parents and families?

Please check all that apply:

____ Morning ____ Afternoon ____ Evening ____ Weekday ____ Weekend

Health History Form: 4-H Camps, Energy Express, Events, and Activities

Provide complete information and return this form with event registration. At event arrival, update information with health personnel.

Name _____
Last *First* *Middle*

Home address _____
Street address *City* *State* *Zip*

Gender: ❑ Male ❑ Female Birth date _____ / _____ / _____ Age at event _____

CUSTODIAL PARENT/GUARDIAN _____ Phone _____
Name

Home address (if different from above) _____
Street address *City* *State* *Zip*

Home phone ( ) _____ Work phone ( ) _____ Other ( ) _____

SECOND PARENT OR GUARDIAN OR EMERGENCY CONTACT _____
Name

Address _____ Phone _____
Street address *City* *State* *Zip*

If not available in an emergency, notify _____
Name

Relationship _____ Phone _____ Address _____
Street address *City* *State* *Zip*

INSURANCE INFORMATION: Is the participant covered by family medical/hospital insurance? ❑ Yes ❑ No

If so, indicate carrier or plan name _____ Group # _____

Insurance carrier address _____ Phone number _____

ALLERGIES: List all known. Describe reaction and management of the reaction.

Medication allergies (list)	Food allergies (list)	Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

PERMISSIONS: ***Important – This section must be completed for child to participate in Energy Express.***

My child ❑ has my permission ❑ does not have my permission to participate in Energy Express

❑ should not participate in the following activities _____

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. I understand the State of West Virginia, West Virginia University, its Board of Governors, officers, employees, and agents are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date _____

I also understand and agree to abide by any restrictions placed on my participation in Energy Express.

Signature _____ Date _____

MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time of this event. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

❑ This person **takes NO medications** on a routine basis. *OR* ❑ This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer. _____

_____

GENERAL QUESTIONS: (Explain "yes" answers below.)

Has/does the participant:	Yes	No
1. Had any recent injury, illness, or infectious disease?	❑	❑
2. Have a chronic or recurring illness/condition?	❑	❑
3. Ever been hospitalized?	❑	❑
4. Ever had surgery?	❑	❑
5. Have frequent headaches?	❑	❑
6. Ever had a head injury?	❑	❑
7. Ever been knocked unconscious?	❑	❑
8. Wear glasses, contacts, or protective eye wear?	❑	❑
9. Ever had frequent ear infections?	❑	❑
10. Ever passed out during or after exercise?	❑	❑
11. Ever been dizzy during or after exercise?	❑	❑
12. Ever had seizures?	❑	❑
13. Ever had chest pain during or after exercise?	❑	❑
14. Ever had high blood pressure?	❑	❑
15. Ever been diagnosed with a heart murmur?	❑	❑

	Yes	No
16. Ever had back problems?	❑	❑
17. Ever had problems with joints (e.g., knees, ankles)?	❑	❑
18. Have an orthodontic appliance being brought to the event?	❑	❑
19. Have any skin problems (e.g., itching, rash, acne)?	❑	❑
20. Have diabetes?	❑	❑
21. Have asthma?	❑	❑
22. Had mononucleosis in the past 12 months?	❑	❑
23. Had problems with diarrhea/constipation?	❑	❑
24. Have problems with sleepwalking?	❑	❑
25. If female, have an abnormal menstrual history?	❑	❑
26. Have a history of bed-wetting?	❑	❑
27. Ever had an eating disorder?	❑	❑
28. Ever had emotional difficulties for which professional help was sought?	❑	❑

Please explain any "yes" answers, noting the number of the questions.

____ _____

____ _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should know.

_____

_____

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Which of the following has the participant had?

❑ Measles
❑ Chickenpox
❑ German measles
❑ Mumps
❑ Hepatitis A
❑ Hepatitis B
❑ Hepatitis C

Please give all dates of immunization

Vaccine:	Dates: Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
❑ Diptheria	_____	_____	_____	_____	_____	_____
❑ Pertussis	_____	_____	_____	_____	_____	_____
❑ Tetanus	_____	_____	_____	_____	_____	_____
❑ Polio	_____	_____	_____	_____	_____	_____
❑ Typhoid	_____	_____	_____	_____	_____	_____

❑ TB Mantoux Test Date of last test _____ ❑ Positive ❑ Negative

SCREENING RECORD (For staff use only) Screened by _____

Date screened _____ Time _____ AM / PM Updates/additions to health history noted ❑ Yes ❑ No ❑ None required

Meds received _____

Current health needs identified _____

Observational notes _____

To request disability accommodations for state WVU Extension events, contact Energy Express, 766 Allen Hall, PO Box 6602, Morgantown, WV 26506-6602, phone 304-293-3855, or fax 304-293-3866.

4H13-22