



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



4-H SUMMIT

MIDDLE SCHOOL LEADERSHIP CONFERENCE

MARCH 16-18



MEET MIDDLE SCHOOLERS FROM ACROSS
THE STATE! CHOOSE WORKSHOPS OF INTEREST
TO YOU, PARTICIPATE IN A COMMUNITY
SERVICE PROJECT AND MUCH MORE!





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TO: 4-H Summit Delegates & Parents
March 16-18, 2023
Lake Cumberland 4-H Camping Center
West Kentucky 4-H Camp

Rachel N. Guidugli

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We are pleased that you will be participating in this year's 4-H Summit. This program has been specifically designed for 6th, 7th, and 8th graders. 4-H'ers who have attended 4-H Summit said they felt more confident in their leadership and communication skills and over 80% of participants attend 4-H Teen Conference at the University of Kentucky after their experience. We know that it will be a memorable experience for you too! **Save the date for Youth Orientation on March 6th at 6:30-8:30pm ET/5:30-7:30pm CT, the link to join will be sent after registration!**

Insurance and Medical Information

While at 4-H Summit, the University of Kentucky Extension 4-H Program will provide health insurance for the delegates that attend. Although the participants' personal health insurance policy will provide primary coverage for accident and sickness, insurance provided by the University will cover any out-of-pocket expenses not paid by the participant's personal insurance (up to the limits outlined on the University of Kentucky insurance forms). **Participant Information/Enrollment forms should be brought to the conference with the delegate by the county's chaperone. No delegates will be permitted to remain on location without required forms completed.**

While on site your child's chaperone will work with your child to ensure medications are taken. All medications (prescription and non-prescription) should be placed in a large zip lock bag along with the completed medication form (available from your agent). Medications must be in the original container and should only include the number of pills required for the weekend. It is important that your child be aware of his/her medication schedule and take the responsibility for this task. There will be a University of Kentucky Health Care Provider on site to take care of first aid and emergency situations.

Team Assignments

To help make the event run smoothly, each delegate will be assigned to a team of 10-15 other youth from across the state and one or more State 4-H Teen Council members and Leadership Board Members. We will ask that you check in with your team leaders periodically throughout the event. In addition, this will give you a chance to meet others from different districts and parts of the state. Teams are PURPOSEFULLY designed to break up counties, please be a good sport and make the most of your assignment!

Tentative Agenda

Each delegate will sign-up for workshops and a funshop, everyone will participate in planned recreation time, a dance, group games and an ice cream social. Each team will participate in a leadership workshop and community service project. Don't forget the Hit the Trail: 4-H 4K, other special activities will happen during Recreation Rampage! AND! The t-shirt swap! 4-H Agents from across the state will bring t-shirts for you to choose from to add to your 4-H collection!





Meals

At the event you will have a snack on the first night, three meals and snacks on the second day and one meal on the day you leave. Depending on your travel time you may need to eat a few meals on the road. Make sure you talk to your agent! There is no dinner served on the first night (Thursday) of the conference, so plan on eating before you arrive!

Souvenirs/Snacks

There will be sodas, snacks, and a few souvenirs available during 4-H Summit. \$15-\$20 would be MORE than adequate spending money for these things, single bills suggested. There are also snacks and everyone will get a shirt and souvenir as part of your registration fee. You don't have to have additional money to enjoy 4-H Summit. You are welcome to bring snacks from home. The 4-H State Teen Council will set up Clover Corner each day of Summit to give you the opportunity to buy souvenirs.

Allergies

The facilities are **not a peanut/tree nut free facility**; however, we request that you not bring snacks with these ingredients for those youth who have allergies. All allergies and medical needs need to be listed on health and medical forms and made known to your agent.

Fees

Your 4-H agent will let you know about any registration fees you may owe. Meals, a few snacks, lodging, educational materials, t-shirt, and drawstring backpack are provided with fee.

Lodging

Youth will stay in cabins with adults and teen leaders. No linens are provided. Participants must bring all linens and towels to use during their stay. Twin size sheets, sleeping bag, pillow. Bring an extra bag to carry items to and from bathhouses (shampoo, conditioner, toothpaste, toothbrush, etc).

What to Bring

We ask that you follow the guidelines below as you select clothes to bring with you. Dress for the weekend is casual and should follow guidelines in the 4-H Code of Conduct (back of Personal Identification Enrollment Form). Several workshops offered will be outdoors. Please bring weather appropriate clothing and shoes.

Casual Wear

Jeans or khakis, t-shirts (t-shirts should not display any profanity, sexual innuendos, obscenities, or advertise beer, liquor or tobacco products or have racial/gang overtones. T-Shirts with 4-H logos are recommended), sneakers (clean). No cut-offs or worn jeans with holes. Dresses, skirts, and shorts should be fingertip length or longer. No spaghetti strap tops or halter tops for females or tank tops for males. Pajamas are not an acceptable clothing option outside of sleeping quarters.

If you have any additional questions, please contact your County 4-H Agent. We are confident you will enjoy yourself at the Kentucky 4-H Summit!

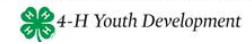


Kentucky 4-H Summit

Draft Agenda-Subject to Change



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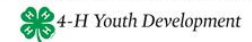
Thursday		
Date/Time	Activity	Location
6:30 – 7:15 pm	Registration <i>Dinner on Own (before arrival)</i>	Dining Hall
7:30 – 8:00 pm	Orientation <ul style="list-style-type: none"> ■ Presentation of the Flags (STC) ■ Introduction of Adults, STC and Leadership Boards ■ Rules/Group Living ■ Summit Teams 	Group Meeting Space
8:00 – 8:30pm	Ice Breaker Games	Group Meeting Space
	Adult Meeting	Dining Hall
8:30 – 9:30 pm	Workshop Sign-Ups Evening Activity	Dining Hall Group Meeting Space <i>*Delegates will travel with teams!</i>
9:30 - 10pm	Night Time Snack!	Dining Hall
10:00-10:30 pm	Delegates Return to Cabin Teen Leader Meeting	Cabin Outside Dining Hall
11:00 pm	Lights Out	
11:00pm-6:30am	Quiet Hours	
Friday		
Time	Activity	Location
8:00 – 8:30 am	Breakfast Served	Dining Hall
8:30 – 8:45 am	Morning Assembly <ul style="list-style-type: none"> ■ Presentation of the Flags ■ Good Morning 4-H Summit! ■ Announcements 	Dining Hall
9:00 – 10:00 am	Leadership Workshop	By Team
10:15 – 11:15 am	Workshop 2	Varies, See List
11:30-12:30 am	Workshop 3	Varies, See List
12:30 – 1:30 pm	Lunch	Dining Hall
1:30– 2:30 pm	Community Service Project	By Team <i>Teen Leaders will review schedule of evening activity options!</i>
2:45-3:45 pm	Random T-Shirt Pick-Up! By Team!	Dining Hall <i>4-H Agents will send or bring 4-H t-shirts that are extras and want to share across the state. Summit delegates will get to choose one to take home!</i> <i>Prepare for Rec Rampage after!</i>



Kentucky 4-H Summit



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3:45 – 4:45 pm	Recreation Rampage! <ul style="list-style-type: none"> ■ Outdoor Games ■ Game Room ■ Crafts ■ Special Activity! 	<i>Delegates must be at one of these activities. You may not stay in your cabin or room!</i>
4:45 – 5:15 pm	Prepare for Dinner	
5:30 – 6:30 pm	Dinner	Dining Hall
6:30 – 7:30 pm	Put 4-H in the Picture Workshop	By Team
7:30 – 8:00 pm	Prepare for Evening Activities	
8:00 – 9:30 pm	Evening Activities <ul style="list-style-type: none"> ■ Dance (Dining Hall) ■ Movie (Main Mtg Room) ■ Board Games (Main Mtg Room) ■ Snacks (Dining Hall) 	<i>Dance Theme--- Celebrate 4-H...wear all the green you can to celebrate 4-H!</i>
8:30 – 9:00 pm	Teen Leader Meeting	Outside Dining Hall
9:30 pm	Return to Cabins/Rooms Lights Out State Teen Council Meets	
10:00pm-6:30am	Quiet Hours	
Saturday <i>*Wear your 4-H Summit Shirt!*</i>		
Date	Activity	Location
8:00 – 8:45 am	Breakfast & Move Out Room Inspections <ul style="list-style-type: none"> ■ Clean Cabin (take out trash, sweep out cabin) ■ Pack & Load Luggage 	Dining Hall <i>(check with your adult leaders to determine your check out procedure)</i>
8:45 – 9:30 am	Evaluations <i>Teams will rotate with their leaders!</i>	Various Locations
9:30 – 10:45 am	Closing Assembly <ul style="list-style-type: none"> ■ Good Morning, 4-H Summit! ■ Achievement Award Presentations ■ Invitation to Teen Conference ■ Summit Slide Show 	Group Meeting Space
10:45 am	Dismiss by Area Groupings for photos!	
11:00 am	Have a Safe Trip Home!	



4-H SUMMIT
March 16-18, 2023



This information will be entered online by your county extension office. Applicants should also submit the 4-H Personal Information Form & Code of Conduct. Anyone attending should complete this registration form along with the items listed above. **Insurance, Medical & Release information should NOT BE MAILED and turned in on site.**

First Name:					Area:				
Last Name:					County:				
Category:	Sixth Grade	Seventh Grade	Eighth Grade	Adult	Teen Leader (STC and Leadership Boards)				
Parent/Guardian:					Name of Emergency Contact:				
Cell Phone (emergency use):					Other Phone (emergency use):				
Special Housing, Special Meals, Medical Concerns or Comments	<i>Dietary needs may be accommodated for with advanced notice. Lake Cumberland 4-H Camp is NOT a nut free facility (tree nuts or peanuts), but we try to restrict use if possible.</i> ___ Vegetarian ___ Lenten/Catholic Meal (Friday only) ___ Gluten Free Additional Concerns:								
T-Shirt Size (Adult Sizes)	XSmall	Small	Medium	Large	XLarge	XXLarge	XXXLarge	XXXXLarge	
Email:	<i>This will be used for contacting delegate with prep and follow-up information.</i>								

Please provide your signature to denote you have completed the PIE Form and appropriate materials to attend.

Parent/Guardian Signature:	Date:
Delegates Signature:	Date:

Category	Fee
Middle Schooler	\$125
Adult/Agent	\$125

Chaperone for County Delegation

Camping Facility (check)
Lake Cumberland
West Kentucky

Housing Assignments (Cabin/Room and Names)





4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying. *Form Updated: August 2022*

Name: _____ County/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Phone: _____ Email: _____
 Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City- Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Hispanic Non-Hispanic Native Hawaiian or Pacific Islander White Prefer Not to Say Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____

Emergency Contact #1: _____ Phone H W C: _____
 Email: _____
 Emergency Contact #2: _____ Phone H W C: _____
 Email: _____

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

Please explain any restrictions (dietary, physical, etc):

- The following over the counter medications may be administered to my child without contacting me:
- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
- Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

Medical Treatment

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

Publicity Release

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF /GUARDIAN: _____ **NO, I do not permit**

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate attire. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time they leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.

(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

4-H Summit Medication Policy

Adopted September 1, 2016

Revised December 9, 2022

The Kentucky 4-H Agent/approved Volunteer is responsible for the collection of all prescriptions and over the counter medications taken by youth delegates at 4-H Summit. The adult will turn in all medication to the Healthcare Provider.

1. All medications should be in original containers.
2. All medications should be listed on the medication form provided by the event's coordinator.
3. The 4-H delegate should bring the medications and medication form in a large re-sealable plastic bag.
4. The agent or their designee should collect the medications in a central location. This should be secure with access only allowed by the agent or their designee.
5. Medications should be distributed to the 4-H delegate as outlined on their medication form.
6. Note: Over the counter medications that are listed as "approved" on the delegates Personal Information & Enrollment Form (PIE) can be distributed according to directions listed on the medication. When provided, this should be logged by the agent or their designee on the provided form (kept with medications).
7. Healthcare Provider is present to distribute medications. All PIE forms must be checked before providing over-the-counter medications to 4-H delegates.
8. Healthcare Provider is on ground during each 4-H Summit session for emergency situations.





Kentucky 4-H Summit Medication Form 2023

Participant's Name	County

	Name of Medicine	Dosage	Time of Medicine <small>(Check all that apply)</small>					Notes <small>(e.g., as needed, take w/ food)</small>
			Breakfast	Lunch	Dinner	Bedtime	Other	
1								
2								
3								
4								
5								
6								

DIRECTIONS:

Place the following items in a clear bag: (1) medications in original containers, (2) this completed form (3) photo of participant. On the outside of the bag write (with a permanent marker) the participant's name and county.

ADULT USE ONLY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	PHOTO
Breakfast								
Lunch								
Dinner								
Bedtime								
Other								
As needed								

