

4-H Outdoor Adventure Challenge Training Manual
TRAINING MANUAL FOR MICHIGAN 4-H



Section:
FORMS



FORMS SECTION CONTENTS

- **Code of Conduct and Training Expectations**
To be completed by all Outdoor Adventure Challenge (OAC) Trainees at the start of training.
- **Leader Certification Record and Health Statement**
Copied on card stock. Used to record training as it's received and give key medical information in case of emergency. Trainees bring this to each training session.
- **Media Release/Medical Treatment Authorization**
To be copied, completed and collected by leader for each person attending an OAC Outing.
- **Personal Data Sheet**
To be copied, completed and collected by leader for each person attending an OAC Outing. For use in identifying someone if they are missing.
- **Trip Notification Form**
Given to emergency contact person and county MSU Extension Office before trip takes place.
- **OAC Leader Group Outing Preparation Checklist**
To be copied and used as a checklist by OAC leader each time you take a group on an outing.
- **Trip Consent Form**
To be copied, completed and collected for each youth participant (includes 4-H members who are 18 or 19) to indicate parent/guardian approval for trip.
- **Instructor Evaluation Form**
To be distributed by instructors at the end of each training session.
- **Incident Report Form (Injury/Property Damage Report for Non-MSU Employees)**
To be completed for injuries or property damage that may give rise to a claim. Completed forms should be given to the appropriate 4-H staff who will send it to the State 4-H Office, College of Agriculture and Natural Resources Human Resources Office and the MSU Office of Risk Management and Insurance with a copy of the local police or investigator's report if available.

CODE OF CONDUCT AND TRAINING EXPECTATIONS

For each training certification, you must demonstrate skills competency. These are in the 4-H Outdoor Adventure Challenge Instructor Reference Guide (formerly called the Programming Guide) found at http://4h.msue.msu.edu/4h/outdoor_adventure_challenge.

In addition, the following are also required of you:

1. You must participate in **all** the activities during the training; they are designed to help you work with youth. Some activities may already be familiar to you; others you may choose not to use later, but you must still participate and be part of the group.
2. When the training requires movement from one place to another, you are to move at the pace of the slowest member. You must have the person in front of you and the person behind you visible at all times. This is the procedure you should use in your club.
3. You must read the appropriate section of the 4-H Outdoor Adventure Challenge Training Manual Notebook before attending the training. You may also read additional information on your own.
4. In the event someone becomes lost or evacuation is needed, the remainder of that particular training may be cancelled. This is a judgment call the 4-H Outdoor Adventure Challenge Instructor(s) will have to make. If possible, the 4-H Outdoor Adventure Challenge Coordinator will be called. The 4-H Outdoor Adventure Challenge Instructor will remain on site until the search or evacuation is turned over to proper authorities such as the Coast Guard or State Police and a friend or family member is at the site. The other participants may chose to leave or stay.
5. You must attend the entire training. No one will arrive late or leave early.
6. You must submit a trip plan as required in your notebook by November 1. Use this schedule.
 - Month one: Where are you going, when, what is the purpose, and who will lead?
 - Month two: What transportation will you use? Who are the drivers? Drive time?
 - Month three: What is your daily schedule? Travel days, campsite and activities?
 - Month four: What is your budget? How will you cover the costs?
 - Month five: What pre-trip activities will you schedule to prepare the group?
 - Month six: Copies of what you give to group members: food, clothing, equipment. What consent forms are you using, emergency contact person? Permission for use of private land and maps.
7. You must have current First Aid and CPR certifications and copies of the cards sent to the 4-H Outdoor Adventure Challenge Coordinator.
8. You must complete Orientation, Canoeing and Backpacking **and** any two of the following: Caving, Kayaking, Rock Climbing or Winter Camping, in order to complete your certification.
9. You must also:
 - Work with a 4-H Outdoor Adventure Challenge group after you complete the training.
 - Have a completed and approved trip plan.
 - Complete a solo experience under the direction of 4-H Outdoor Adventure Challenge trainers.

You will need to comply with all of the above, plus have instructor approval, in order to be certified as a basic 4-H Outdoor Adventure Challenge leader.

I have read the above code of conduct and training expectations, and I agree to comply.

Participant's Signature: _____ Date: _____

Participant's County: _____

▶ MEDIA RELEASE & MEDICAL TREATMENT AUTHORIZATION

Event: _____
 Date: _____
 County: _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant: _____

Policy holder's address: _____

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM & PHOTOGRAPHS

Participants in events sponsored by MSU 4-H are sometimes photographed and videotaped for use in MSU 4-H promotional and educational materials.

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print adult or youth subject's name: _____

Signature: _____

(Parent or guardian must sign here if subject is under age 18.)

Date: _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:
 Insurance company name and address: _____

Insurance copy phone number: (_____) _____

All policy numbers (please identify): _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address: _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No
 Does the participant have any chronic health problem or illness?

Does he or she have any acute illness now? _____

Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem.

Does the participant have any allergies to medication or local anesthetics?

Does he or she have any allergies? _____

Date of his or her last tetanus shot: _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full legal name: _____

Birth date: _____ Phone: _____

Parent phone day: (_____) _____

Parent phone evening: (_____) _____

Mailing address: _____

Primary care physician's name: _____

Physician's address: _____

Physician's phone: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of parent or guardian or of participant if aged 18 and up: _____

Date: _____

web2.canc.msu.edu/4hvkreg/regform_english.pdf

MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE
TRIP NOTIFICATION FORM

4-H Outdoor Adventure Challenge Club Name (if any) _____

County _____

<u>Age Level</u>	<u>Estimated No. of Girls on Trip</u>	<u>Estimated No. of Boys on Trip</u>
9-10	_____	_____
11-12	_____	_____
13-14	_____	_____
15-16	_____	_____
17-18	_____	_____

_____ Total No. of Adults (over 18) on Trip: _____ females _____ males

Name, Address, City and Phone No. of Certified Leader(s) on Trip:

Person to be contacted in an emergency (Name, Address, Phone):

If plans include swimming, boating or canoeing, name of senior lifesaver(s):

Dates of trip: _____ Trip Itinerary (attached plans and maps if necessary) and planned overnight site(s):

Nature of Activity (e.g. climbing, backpacking, spelunking, etc.):

PLEASE COMPLETE IN DUPLICATE. KEEP ONE COPY FOR YOUR OWN RECORDS AND SUBMIT ONE COPY TO YOUR COUNTY EXTENSION OFFICE AT LEAST TWO WEEKS PRIOR TO YOUR TRIP.

NOTE: Because of the stress situations inherent in the 4-H Outdoor Adventure Challenge Program, the related liability and possible need for contact in family emergencies, a copy of this form must be on file at your County MSU Extension Office. Any changes in the above plans must be made in writing to your County Extension Office.

MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE **LEADER GROUP OUTING PREPARATION CHECKLIST**

For ALL activity trainings and group outings, please use this checklist for your organization needs:

- Health and personal identity cards for all youth and adults; permission slips for all youth.
- Group accident insurance has been obtained (Check with local Extension office)
- Emergency evacuation arrangements have been made.
- Site information, travel plans, etc., have been left with emergency contact person.
- County Extension staff person has been informed of the trip.
- Permission/permits have been obtained for activities on public/private property.
- Key individuals at activity site (ranger, state police, etc.) have been notified of travel plans and return time.
- Maps have been secured for the activity area and route and there are enough copies for all members of activity.
- Adequate food and water for the activities including high-energy snacks.
- Group first aid and survival kits
- Extra heavy duty garbage bags
- Leaders should have a plan to keep communication open between group members and maintain organization within the group.
- Leaders should instruct the group in terms of environmental impact and methods of dealing with potential dangers posed by plants, animals, and terrain.
- Leaders should instruct in terms of psychological and physiological aspects of survival.
- Notebook and pencil
- Extra blanket, cooking pot, plastic drop cloth in waterproof bag (emergency survival kit)
- Throw line, life line, or webbing (secured to watercraft if applicable)
- All necessary gear and supplies needed for the specific outing – as listed under “Gear Lists”

For Canoeing and Kayaking:

- Life line or other rescue device, secured to watercraft
- Bailer or large sponge (depending on water conditions)
- Spare paddle, extra duct tape

For Climbing and Rappelling:

- If personal climbing gear was brought by participants, it meets 4-H Outdoor Adventure Challenge Instructor standards.

For Caving:

- Leader should have current weather conditions and how they might affect the cave or caves being explored.
- Reflective tape, cave map, spare clothing (optional at discretion of leader)
- “Buddy” assignments” have been made

For Winter Camping:

- Adequate number of skis and snowshoes are available for the group.
- Extra clothing (covering the full range of possible weather conditions)
- Extra waterproof gloves, mittens, wool socks
- Buddy” assignments” have been made
- Group ski and snow shoe repair kit (duct tape, wire, steel wool, spare ski tip, metal straps, extra bale, ski wax, etc.)

MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE
TRIP CONSENT FORM

(Required for all 4-H members attending, even those ages 18 and older.)

Trip/Activity Type _____

Location _____ Date(s) _____

I hereby grant permission for my child (print name) _____ to participate in the above named 4-H Outdoor Adventure Challenge trip or activity. I understand this activity will be lead by 4-H leaders who have been trained for this type of outing. I understand my child is expected to follow the rules and direction of the adult leaders in charge and I accept any risks associated with this activity.

The 4-H Outdoor Adventure Challenge program is sponsored by Michigan State University Extension's 4-H Youth Development.

Name of Parent or Guardian (please print): _____

Parent or Guardian's Signature: _____

Date: _____

Trip Consent Form (Required for all 4-H members attending, even those ages 18 and older.)

Trip/Activity Type _____

Location _____ Date(s) _____

I hereby grant permission for my child (print name) _____ to participate in the above named 4-H Outdoor Adventure Challenge trip or activity. I understand this activity will be lead by 4-H leaders who have been trained for this type of outing. I understand my child is expected to follow the rules and direction of the adult leaders in charge and I accept any risks associated with this activity.

The 4-H Outdoor Adventure Challenge program is sponsored by Michigan State University Extension's 4-H Youth Development.

Name of Parent or Guardian (please print): _____

Parent or Guardian's Signature: _____

Date: _____

MICHIGAN 4-H OUTDOOR ADVENTURE CHALLENGE LEADER TRAINING
INSTRUCTOR EVALUATION

Please complete the following evaluation and return it to your instructor at the completion of the training session. Or mail it within one week following the session to:

Judy Ratkos, Senior Program Leader 4-H Youth Development &
State 4-H Outdoor Adventure Challenge Coordinator
MSU Extension Institute for Children & Youth
Michigan State University
160 Agriculture Hall, East Lansing, MI 48824-1039
PH: 517.432.7613 / FAX: 517.355.6748
Email: ratkos@msu.edu

Training Session & Location: _____ Date: _____

Name of Instructor(s) Being Evaluated: _____

Name of Leader Trainee Completing Evaluation (Optional): _____

On a scale of 1 to 5, with 1 as low and 5 as high, please rate the following:

- Content of the workshop 1 2 3 4 5
- Presentation of the material. 1 2 3 4 5
- Instructor(s) 1 2 3 4 5
- Physical environment used for training. 1 2 3 4 5
- Overall rating for this training session. 1 2 3 4 5

What I enjoyed most about this training session was: _____

The most helpful aspect of the training session to me was: _____

The least helpful aspect of the training session to me was: _____

By adding or removing the following from the training session it would improve it: _____

Other comments: _____

**MICHIGAN STATE
UNIVERSITY**
INJURY/PROPERTY DAMAGE REPORT
Office of Risk Management & Insurance
113 Olds Hall
East Lansing, MI 48824-1047
Phone (517) 355-5022
Fax (517) 432-3854
E-mail: risk.management@ctrl.msu.edu

Please PRINT or TYPE

THIS FORM IS A CONFIDENTIAL - INTERNAL DOCUMENT TO BE COMPLETED BY MSU EMPLOYEE

TIME & PLACE	Date/Time of Incident	Location: Street, City, MSU Bldg. Rm #		
PREMISES CONDITION	Type of Premises		Conditions	
	<input type="checkbox"/> Construction Site <input type="checkbox"/> Hallway <input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Office <input type="checkbox"/> Other:	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Stairway <input type="checkbox"/> Street	<input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Snowy <input type="checkbox"/> Wet	<input type="checkbox"/> Uneven Surface <input type="checkbox"/> Other:
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED:			
INJURED PERSON	NAME		AGE	PHONE #
	ADDRESS			
DESCRIPTION OF INJURY	INJURY - Describe the type, severity, and body part involved			
	Was Medical Treatment Given? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will seek treatment later <input type="checkbox"/>	
	Name of Medical Facility/Doctor		<input type="checkbox"/> Transported by Ambulance <input type="checkbox"/> Transported by Other:	
PROPERTY DAMAGE	OWNER'S NAME		ADDRESS	PHONE #
	Describe the property and the damage			Estimated Repair/Replacement Cost
WITNESSES GIVE THE FULL NAME & ADDRESS OF EACH WITNESS	NAME		ADDRESS	PHONE#

NAME/TITLE OF MSU EMPLOYEE COMPLETING THIS REPORT: _____ PHONE: _____ E-MAIL: _____

MSU DEPARTMENT: _____ DATE: _____

NAME/TITLE OF MSU EMPLOYEE'S SUPERVISOR: _____ PHONE: _____ E-MAIL: _____

SUPERVISOR'S SIGNATURE: _____

