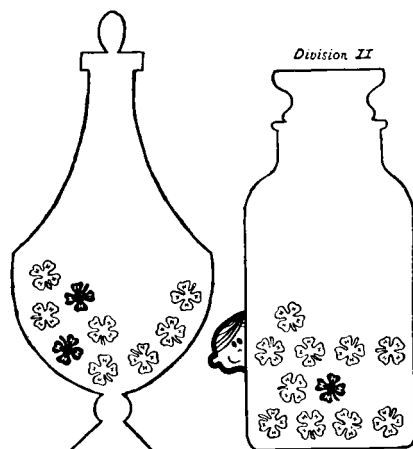


OCT 26 1961

PNW BULLETIN NO. 39
FEBRUARY 1961

Improving family health through 4-H



Division II

4-H Club Record

DIVISION II

4-H Health Project

19_____
Year

Improving Family Health Through 4-H

My Name Age

My Address

County Club No.

Name of My Club

Year In Club Work Year In School

My Parents' Signature

Approved by

(My Local Leader)

DISCARD

COOPERATIVE EXTENSION SERVICE

OREGON STATE UNIVERSITY • CORVALLIS

REQUIREMENTS FOR COMPLETION

1. Complete the lessons in the project book.
2. Begin keeping a Family Medical Record. If one is already started, help keep it up to date.
3. Check your home for health and safety hazards.
4. Help plan the family meals for one day. Be sure to include the Essential Four.
5. Assemble a First Aid Kit.
6. Make a simple sickroom aid.
7. Give one demonstration or illustrated talk on health.
8. Fill in the record book.

EXHIBIT REQUIREMENTS

1. Record book and story.
2. First Aid Kit

THIS IS MY FAMILY

Use a family snapshot, or draw a sketch of your family (Include the family pets, if you wish.)

THE FAMILY MEDICAL RECORD

Was a Family Medical Record being maintained before you enrolled in this project (answer "Yes" or "No") ?

If one was already being maintained, did you help keep it up to date (answer "Yes" or "No") ?.....

If one was not being maintained, did you start one for the family and bring it up to date (answer "Yes" or "No") ?

From where was the Family Medical Record Book obtained?

A GOOD HOME IS A SAFE HOME

Check your home for health and safety hazards

1. Are your rugs skid-proof?
2. Do you have a screen for your fireplace?
3. Do you keep floors clear of toys and other tripping hazards?
4. Are electric cords and plugs in good repair? _____
5. Are the top and bottom steps of your basement stairway painted white? _____
6. Are there handrails for stairways? _____
7. Are all stairways in good repair? _____
8. Are the porch steps in good repair? _____
9. Are porches and walks kept free of ice and wet leaves?
10. Have you a stepladder in good repair? _____
11. Do you have a regular place for tools and toys not in use?
12. Are windows opened for ventilation securely screened?
13. When using a sharp knife, do you always cut away from you?
14. Are sharp knives kept in a rack? _____
15. Are poisons and medicines clearly labeled and stored out of reach of children? _____
16. Do members of your family carefully read labels on medicine bottles before using? _____
17. Do you empty large receptacles of water immediately after using? _____
18. Do you immediately wipe up water and grease spilled on the kitchen floor? _____
19. Are handles of cooking utensils turned toward the back of the stove? _____
20. Is some member of family qualified to give first aid? _____

Hazards I found:

.....

.....

What I did about them:

.....

.....

HELPING PLAN MEALS FOR MY FAMILY

With the help of your mother plan the family's meals for one day.

Be sure to include all the essential foods.

THE FOODS WE NEED EVERY DAY

THE MEALS WE PLANNED TO INCLUDE THESE FOODS

BREAKFAST

Milk Group:

Children3 to 4 cups

Teen-agers4 or more cups

Adults2 or more cups

Pregnant women4 or more cups

Nursing mothers6 or more cups

Cheese and ice cream can replace part of the milk.

LUNCH

Meat Group: 2 or more servings—

Beef, veal, pork, lamb, poultry, fish, eggs, with
dry beans and peas and nuts as alternates.

Vegetable-fruit Group: 4 or more servings, including

A dark-green or deep-yellow vegetable important
for vitamin A—at least every other day.

A citrus fruit or other fruit or vegetable im-
portant for vitamin C—daily. Other fruits and vege-
tables including potatoes.

Other fruits and vegetables including potatoes.

DINNER

Bread-cereals Group: 4 or more servings

Bread or cereals—whole grain, enriched restored.

To round out the meals add butter second help-
ings or dessert.

Ask your mother to allow you to prepare some of
the foods planned. Perhaps you could fix the cocoa
for breakfast, salad for lunch or the dessert for din-
ner.

WHAT I PREPARED FOR THE FAMILY'S MEALS:

.....

.....

.....

.....

.....

READY FOR AN EMERGENCY

FIRST AID KIT

Prepare and equip a first-aid kit either as an individual or club project. Individual kits can be prepared for use in the house, barn or car. Club kits can be for clubroom, picnics or outings.

Check the items you have included:

- | | | | |
|-----------------------|-------|-----------------------|-------|
| 1. Adhesive Tape | _____ | 8. Tweezers | _____ |
| 2. Antiseptic | _____ | 9. Aspirin Tablets | _____ |
| 3. Spirits of Ammonia | _____ | 10. Band Aids | _____ |
| 4. Bandages | _____ | 11. Petroleum | _____ |
| Triangular | _____ | 12. Tongue Blades | _____ |
| Roller | _____ | 13. Sterile Dressings | _____ |
| 5. Absorbent cotton | _____ | 14. First Aid Book | _____ |
| 6. Burn ointment | _____ | 15. Others (name) | _____ |
| 7. Blunt scissors | _____ | | _____ |

SICKROOM AIDS I MADE

Make at least one simple aid to the sickroom. Demonstrate its use at a club meeting. If several members of a club each made different aids, they could give a team demonstration. This demonstration is in addition to the demonstration on health required for completion of projects.

WHAT I MADE

.....

HOW I DEMONSTRATED IT

.....

WHEN AND WHERE ARTICLE WAS SHOWN

HOW I HELPED MY FAMILY'S HEALTH

Did you make your family "health conscious"? Did you "teach by example", especially to younger members of your family? Did you keep your family up-to-date on health matters? Tell what you did in each of the following areas for better family health. Include problems you had as well as successes.

FOR BETTER POSTURE

.....

.....

FOR BETTER TEETH

.....

.....

FOR FAMILY FUN

.....

.....

FOR BETTER HOME LIGHTING

.....

.....

