



Kansas 4-H Participation Form



Note: This 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 (for example: no health insurance).
 Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

Name _____ Birth Date ____/____/____ Age ____ Youth Adult
Last First Month / Day / Year Female Male

Primary Emergency Contact _____ County/District _____
 Home Address _____ Home Phone () _____
 City St Zip _____ Work Phone () _____
 E-mail _____ Cell Phone () _____
 Alternate Emergency Contact _____ Phone () _____

Name of Family Doctor _____ Phone () _____
 Health Insurance Company _____ Policy # _____
 Name of Insured _____ Relationship to Participant _____

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 of paper 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"/> | Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

_____ |
| 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 Insect Stings..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11) Wear Glasses..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12) Wear Contact Lenses..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14) Penicillin Allergy..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15) Aspirin Allergy..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16) Tetanus Allergy..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17) Other Drug Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18) Food Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19) Serious Ivy, Oak or Sumac Poisoning .. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20) Other Allergies..... | <input type="checkbox"/> | <input type="checkbox"/> | |

Date of Last Tetanus Shot ____/____/____

The following over-the-counter medications may be administered to my child, without contacting me.

- Antihistamine Antacid Ibuprofen (Advil) Acetaminophen (generic, Tylenol)
 Decongestant Dramamine Hydrocortisone Polysporin (topical antibiotics)

Please contact me for permission to administer any over-the-counter medications.

PUBLICITY RELEASE

I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

No, I do not authorize use of my – or my child's – individual image or voice.

SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that I or my child may be asked for consent before completing a survey or an evaluation.

No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

KANSAS 4-H EVENTS—YOUTH CODE OF CONDUCT

As a participant in Kansas 4-H Events, you have the responsibility of representing Kansas 4-H programs to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family and 4-H. To do that, you must:

- 1) Attend all sessions in the planned program. If you are unable to attend, please tell the adult in charge.
- 2) Follow hours and room rules established before the event begins. You are responsible to know the rules for each event.
- 3) Dress appropriately for each event. The adults in charge should have guidelines to help you.
- 4) Be responsible to know and use language and manners appropriate for Kansas 4-H.
- 5) Be in the assigned program area (for example: dorms, cabins, motels, etc.) at all times.
- 6) Know that the use of tobacco, alcohol and nonprescribed drugs is illegal and prohibited at all 4-H events.
- 7) Model respect for other persons, facilities and vehicles. You will be personally responsible for any damage caused as a result of your behavior.
- 8) Help other members in your group have a pleasant experience by making every attempt to include all participants in activities.
- 9) Know that harassment of any type is illegal and prohibited at all 4-H events.

MEMBER: *I have read the Kansas 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.*

Member Signature _____



Date _____

VERIFICATION

I, _____ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

Parent/Guardian or Adult Participant Signature _____



Date _____

I have read and understand the Kansas 4-H Events-Youth Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature _____



Date _____

I hereby release Rock Springs 4-H Center, Kansas 4-H Foundation, local extension boards, Kansas State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Kansas 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve horses, provided by the Rock Springs 4-H Center and being allowed to participate.

Parent/Guardian or Adult Participant Signature _____



Date _____

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

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