



**Directions:** This form must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Youth's Age (As of Sept.1, 2019): \_\_\_\_ Male or Female: \_\_\_\_  
Child Last First Middle

Home Address: \_\_\_\_\_ 4-H County/District: Bay 4-H Club: \_\_\_\_\_ Project: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Emergency Contact other than Parent/Guardian \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Primary Phone (\_\_\_\_) \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Office Phone: (\_\_\_\_) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: (Adult Sizes ONLY) S M L XL XXL

Ethnicity: Are you of Hispanic ethnicity? Yes No

Race:    White    Black    Asian    Native American/Alaskan    Native Hawaiian or Pacific Islander    I prefer not to give my race

Parent/Guardian in Military:    Air Force    Army    Navy    Marines    Coast Guard    DOD Civilian **and is**    Active Duty    National Guard    Reserves  
Retired Military    Yes    No

## HEALTH FORM

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # 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.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

**The following over-the-counter medications may be administered to my child without contacting me. Check all that apply.**

☐ Antihistamine  
☐ Antacid  
☐ Ibuprofen (Advil)  
☐ Acetaminophen (Tylenol)  
☐ Hydrocortisone  
☐ Decongestant  
☐ Dramamine  
☐ Polysporin (topical antibiotics)  
☐ Aloe Vera Gel for Sunburn  
☐ Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

**Does the participant use an inhaler and/or an EpiPen?** ☐ Yes ☐ No **If yes, mark which is used:** ☐ Inhaler ☐ EpiPen

**Disabilities:** If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

**Special Needs:** If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

## Medical Consents

**First Aid Consent:** I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

**Medication Consent:** I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

\_\_\_\_\_(Initials) ☐ Yes ☐ No **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant \***

## 4-H Participation Form for Youth and Adults: Authorizations

**Florida 4-H Code of Conduct for Youth and Adults:** As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, e-cigarettes or vaping devices, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
5. Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

**Youth or Adult Agreement:** \_\_\_\_\_ (Initials) ☐ Yes ☐ No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service. \*

**Parent/Guardian Agreement:** \_\_\_\_\_ (Initials) ☐ Yes ☐ No I understand and agree to the Florida 4-H Code of Conduct above. \*

**General Release** In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

\_\_\_\_\_ (Initials) ☐ Yes ☐ No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. \*

**Publicity Release:** I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. 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 UF/ IFAS Extension and the Florida 4-H Club Foundation.

\_\_\_\_\_ (Initials) ☐ Yes ☐ No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant. \*\*

**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 my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

\_\_\_\_\_ (Initials) ☐ Yes ☐ No I am willing to participate in any program evaluation. I am a member. \*\*

\_\_\_\_\_ (Initials) ☐ Yes ☐ No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant \*\*

**Transportation Policy:** I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

\_\_\_\_\_ (Initials) ☐ Yes ☐ No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. \*

\* Consent is required to participate in Florida 4-H. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

\*\*Consent is not required to participate in Florida 4-H.

**Youth or Adult Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_