

 **4-H Program Permission and Liability Form** 

I the undersigned parent or legal guardian of _____ gives permission for the named child to participate in the _____.
(Name of Program)

I give permission for the above named child to participate in this 4-H Program/Course with a 4-H instructor who has been screened and has had a criminal background check done.

I understand that there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted by my child/ward. I release and hold harmless Barnstable County 4-H, the University of Massachusetts and any of its authorized personnel involved in any way with the 4-H events in which my child/ward participates. I agree that except in the event of willful neglect or willful injury inflicted by 4-H staff or a volunteer, I will bring no claims, demands or litigations against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to any activities affiliated with 4-H

Photographs, videotapes and interviews may be taken during this program/course. I understand that some of these may be used on websites, in 4-H newsletters and other publications. I give permission for these to be used on a website or publication, no names will be used. _____Yes _____No

The above statements require a parent or guardian signature below.

Signature of Parent or Guardian: _____ Date: _____

 **Barnstable County 4-H Code of Conduct** 
For 4-H Programs and Courses

All participants in 4-H Programs/Courses are responsible for their conduct to the Barnstable County 4-H Program, the 4-H Staff, 4-H Volunteers, and parents teaching these courses. This code and responsibility is necessary for a safe learning environment and the safety and welfare of all participants and instructors.

Remember you are a member of a 4-H Program and negative or inappropriate behavior is a reflection on you and/or your school. All School rules also apply.

The following conduct is not allowed while participating in any 4-H Programs/Courses:

1. Possession, use or distribution of alcohol or drugs, including tobacco products.
2. Theft, destruction or disregard for public and private property.
3. Involvement in misconduct or harassment of any kind.
4. Possession or use of dangerous weapons or materials.
5. Fighting or other acts of violence that endanger participants.
6. Unauthorized use of property.
7. Leaving the site of an After School program/course unsupervised.
8. Use of profane or abusive language.
9. Public displays of affection or inappropriate actions.
10. Intentionally interfering with or disrupting the event.

Name: _____ Signature: _____
(Student name printed)

Name: _____ Signature: _____
(Parent/guardian name printed)

HEALTH INFORMATION

This information is required to ensure that your child will receive the best possible care in the event of an accident, illness, or other emergency. This form must be completed and signed by a parent or guardian. **A completed health form is required for all 4-H participants or participation will not be allowed.**

I. Participant Information

Date: _____

NAME _____ LAST _____ FIRST _____ NAME OF CLUB _____

ADDRESS _____ STREET/BOX# _____ TOWN _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

NAME OF INSURANCE CO. (OPTIONAL) _____ POLICY # _____

II. Parent/Guardian/Emergency Contact Information

CUSTODIAL PARENT NAME _____ LAST _____ FIRST _____ MIDDLE INITIAL _____

ADDRESS _____ STREET/BOX# _____ TOWN _____ STATE _____ ZIP _____

PHONE (Home) _____ PHONE (Work) _____ PHONE (Cell) _____

FAMILY EMAIL ADDRESS _____

SERIOUS ALLERGIC REACTIONS

Bee Stings _____ Poison ivy/oak/sumac _____ Latex _____

List any food allergies _____

List any drug allergies _____

IV. Additional Medical Information (you may attach additional sheet to provide detail necessary):

1. Any operations or serious illnesses? _____ If yes, please describe:
2. Any (current) medications or treatments? _____ If yes, please describe:
3. Any illness within the past 12 months? _____ If yes, please describe:
4. Describe any complications from previous injury/illness:
5. Any limitations effecting participation in activities? _____ If yes, please describe:

➤ I agree to provide 4-H with up-to-date information regarding my child/ward's medical situation, including pre-existing conditions, allergies, change in medicines or medical status so that in case of emergency which may affect the participant's regular participation in program activities, the appropriate medical assistance can be sought.

➤ I understand that the volunteer leader(s) and staff of 4-H agree to hold such medical information confidential and will release said health forms only to designated medical personnel in the event of an emergency, as authorized by my signature as parent or legal guardian below.

➤ I have read the information contained herein, have provided the required information, and signed the permission and liability waiver. In case of emergency, I hereby give my consent for necessary examination and treatment as prescribed by an attending physician.

SIGNATURE OF PARENT/GUARDIAN

DATE