

4-H Activity and Event Acceptance Form

Activity or Event _____

Date(s) of Activity Or Event _____

The above-named activity or event is planned, conducted and supervised by the University of Kentucky Cooperative Extension Service. All 4-Hers in attendance are subject to the supervision of Extension personnel and/or 4-H leaders responsible for the activity or event, and 4-hers are responsible for their own conduct while in attendance. Specific guidelines for conduct include:

% 4-Hers shall participate fully in all programs outlined for the activity or event.

% The use of alcohol or drugs will not be permitted at any 4-H activity or event.

% 4-Hers shall show respect for the property and facilities used during any activity or event and assume financial responsibility for any damage they cause.

% 4-Hers shall be in their assigned rooms and quiet at the time specified by Extension personnel and leaders. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized Extension personnel or adult 4-H leaders.

% The 4-Hers' conduct at all times shall be appropriate to the standards and image of the 4-H program.

We understand and accept the responsibility for following the above-stated guidelines. We also understand that failure to follow these guidelines may result in a 4-Her being sent home from the activity or event at his/her own expense and/or made ineligible to participate in future 4-H activities or events.

Signature of 4-Her

Signature of Parent or Guardian

NOTE: Failure to have the two bonafide signatures required shall be sufficient reason to disqualify a member from further 4-H participation.

Address and phone number where parent or guardian can be reached: _____

Medical Authorization

Name _____ Birth Date _____ SSN _____

Home Address _____

(Street or Rural Route)

(City)

(State)

(Zip)

(____) _____ (____) _____ (____) _____

(Home Phone)

(Parent or Guardian Work Phones)

It is necessary for the 4-H agent or leader to have certain medical information on each 4-Her I order to meet, as adequately as possible, any emergency that may arise. Please fill out the blanks below and submit any other medical information you feel is applicable.

List other conditions not mentioned. _____

Date of last physical examination _____

Name of family physician _____

Date last tetanus immunization was received _____

Phone (____) _____

Drug allergies _____

Is there any history of heart condition? _____

Are there any restrictions on physical activity? _____

Diabetes _____ Asthma _____

If so, what are they? _____

Epilepsy _____ Rheumatic fever _____



I understand that I will be notified if a health problem arises, but in the event I can not be reached by telephone, I hereby give permission for medical treatment, including surgery, as deemed necessary by competent medical personnel.

Event _____ Date of event _____

Parent or Guardian _____

(Signature)

(Date)