[This Box to Be Completed by ACES Staff]
County: _____
Date of Receipt by County: _____/_____/_____

Alabama 4-H Parent and Youth Consent Form

All items on this form must be completely filled out by the participant and his or her parent or guardian. If an item is **not applicable** or there is **none**, indicate that by using ***N/A*** or ***None*** (for example: *no Family Doctor*). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

Youth's Name _____
Last First
Birth Date____/____/____ Age____ ☐Female ☐Male
Month / Day / Year
Home Address _____
_____
City State Zip
Home Phone ( ) _____
Parent/Guardian Work Phone ( ) _____
Family E-mail _____
Cell Phone ( ) _____
Primary Emergency Contact _____
Phone(s) ( ) _____
Alternate Emergency Contact _____
Phone(s) ( ) _____

Youth's Doctor _____
Phone ( ) _____
Health Insurance Co. _____
Policy # _____
Name of Insured _____
Relationship to Participant _____

Publicity Release

☐ I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H.

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

Alabama 4-H may provide my child with ____ sunscreen and ____ insect repellent as needed.

HEALTH HISTORY

Does the youth have – or has ever 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 additional paper***. Reporting a health condition will not prevent a person from attending and will be kept confidential.

	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	☐	☐
12. Wear Contact Lenses	☐	☐
13. Other Conditions	☐	☐
14. Penicillin Allergy	☐	☐
15. Aspirin Allergy	☐	☐
16. Tetanus Allergy	☐	☐
17. Other Drug Allergies	☐	☐
18. Food Allergies	☐	☐
19. Serious Ivy, Oak or Sumac Poisoning ….	☐	☐
20. Other Allergies	☐	☐

Date of Last Tetanus Shot ____/____/____

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

_____
_____
_____
_____
_____

These over-the-counter medications or generic equivalents may be administered to my child without contacting me: ☐ Antihistamine (Benedryl) ☐ Antacid ☐ Ibuprofen (Advil) ☐ Acetaminophen (Tylenol) ☐ Pepto-Bismol ☐ Decongestant ☐ Baby Aspirin ☐ Hydrocortisone ☐ Polysporin (antibiotic cream)

_____

☐ ***Please contact me for permission prior to administering any over-the-counter medications.***.

This form is valid for one year from signing. Please update all medical or other information as needed. [9/06]

Alabama 4-H Youth Code of Conduct

- I will attend all sessions of planned programs and will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I recognize that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms except in rare cases when directly and fully supervised by adult chaperones.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will dress appropriately, use appropriate language, and value the rights of others.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor abuse public or private property.
- When I have access to computers at ACES facilities, I will use the computer for educational purposes and will not access inappropriate web sites.
- I recognize that these guidelines are not "all inclusive" and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth Code of Conduct 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 and may result in my being sent home at the expense of my parent(s) or guardian(s).*

4-H Member Signature _____

Date _____

SURVEY & EVALUATION RELEASE

☐ I hereby give permission ***for my child*** (under 19 years of age) and give consent ***for myself***, as a parent or guardian, 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.

VERIFICATION

I, _____

(parent/guardian)

understand that participants will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for me or my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that as a parent/legal guardian, I will be responsible for the cost of service or treatment.

[If, for religious reasons, you cannot sign this section, please contact 4-H personnel for necessary legal waivers.]

Parent/Guardian Signature _____

Date _____

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

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, 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 Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

ALABAMA COOPERATIVE Extension SYSTEM

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, and other related acts, in cooperation with the U. S. Department of Agriculture. The Alabama Cooperative Extension System (Alabama A & M University and Auburn University) offers educational programs, materials, and equal opportunity employment to all people without regard to race, color, national origin, religion, sex, age, veteran status, or disability.

This form is valid for one year from signing. Please update all medical or other information as needed. **[9/06]**