

Activity and Event Acceptance Form

Please Print

Name _____
(Last) (First) (M.)

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation

Activity and Event Acceptance form for _____
(event or activity)

A. IDENTIFICATION OF 4-H MEMBER

Social Security Number ___/___/___ Date of Birth ___/___/___ Age ___ Sex () Male () Female

Parents/Guardian _____

Home Address _____
(Street/PO Box) (City) (State) (Zip)

Daytime Phone (____) _____ Nighttime Phone (____) _____

Work Place Address _____ Work Phone _____
(Street/PO Box) (City) (State) (Zip)

Other Emergency Contact (if appropriate) _____
(Name)

(Address) (Phone)

B. CODE OF CONDUCT

This 4-H activity or event is planned, conducted and supervised by the University of Tennessee Agricultural Extension Service. All 4-H'ers are responsible for their conduct to Extension personnel and/or 4-H leaders supervising the activity or event. Specific guidelines for conduct include:

- A. 4-H'ers shall be in their rooms and quiet at the time determined by Extension personnel and leaders. Boys are not to go into girl's rooms and girls are not to go into boy's rooms at any time unless accompanied by authorized Extension personnel and or adult 4-H leaders.
- B. 4-H'ers shall participate fully in all programs outlined for the activity or event.
- C. 4-H'ers shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. 4-H'ers conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity

Parents and 4-H'ers understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in 4-H'er being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. PUBLICITY RELEASE

Also, as indicated by the signature below, I authorize the University of Tennessee to photograph, film, audio/video, record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature _____ Date _____

D. HEALTH HISTORY AND MEDICAL RECORD for _____
(name of child)

The information on this form will not be used to discriminate against a child on the basis of disability

Name of Family Physician _____ Phone (____) _____

Family Medical/ Hospital insurance: _____
(Carrier) (Policy or Group Number)

II MEDICAL INFORMATION (check all that apply)

() Allergy to a medicine Explain _____

() Allergy to food Explain _____

() Allergy to plant Explain _____

() Allergy to insect toxin. Explain _____

() Any condition that may require special care, diet or restriction of activities for medical reasons. Explain _____

() Asthma _____

() Heart Trouble _____

() Nose Bleeds _____

() Diabetes _____

() Convulsions _____

() Fainting Spells _____

Do you wear: () Dentures () Contact Lens () Other explain _____

Are you allergic to the following: () Penicillin () Sulfa Drugs () Tetracycline () Aspirin

List other drugs or allergens: _____

Is any medication, including medication for behavior modification, being taken at the present time? () Yes () No

If yes, explain _____

E. MEDICAL HISTORY

Date of most recent examination ___/___/___

Are you aware of any current health problems? () Yes () No . If yes explain. _____

Is there any disease, accident, illness or past/present history related to the following: If yes, please give dates and full details.

	No	Yes	Year		No	Yes	Year
Serious illness/injury	___	___	_____	Appendicitis	___	___	_____
Surgery	___	___	_____	Kidney infection	___	___	_____
Ears, Eyes	___	___	_____	Back, Limb, Joints	___	___	_____
Teeth, Tonsils	___	___	_____	Blood	___	___	_____
Rheumatic Fever	___	___	_____	Stomach	___	___	_____

<u>Immunizations</u>	<u>Last Yr. Given</u>	<u>Immunizations</u>	<u>Last Year Given</u>	<u>Has Had</u>
Tetanus	_____	Measles	_____	Measles _____
Diphtheria	_____	Mumps	_____	Mumps _____
Polio	_____	Rubella	_____	Rubella _____
Hepatitis A, B or C (circle one/any)	_____	Variceilla (chicken pox)	_____	Chicken Pox _____
				Tuberculosis _____

H. EMERGENCY MEDICAL APPROVAL (by Parent or Guardian)

In consideration of _____'s (4-H'ers name) participation in the 4-H event or activity. I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of illness or injury to _____ (4-H'ers name), I hereby authorize the University of Tennessee and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthesia and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee or camp health care professional (or any of it's representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee and its representative(s) or agent(s) to provide the medical history form to healthcare personnel. I authorize any physician, healthcare provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photostatic copy thereof is equally valid as an authorization.

I recognize that the University of Tennessee's sickness and accident insurance does not provide full coverage for participants in this activity or event. I accept responsibility for payments of those medical costs incurred for injuries or illnesses which are not covered by the University of Tennessee's insurance.

Required Signatures—Parent/guardian and participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of the Activity and Event Acceptance forms. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent & 4-H'er Initials

- _____ A. Identification of 4-H member (see page 1)
- _____ B. Code of Conduct (see pg. 1)
- _____ C. Publicity Release (see pg. 1)
- _____ D. Health History and Medical Records (see Pg. 2)
- _____ E. Medical History (see pg 2.)
- _____ F. Consent for first aid treatment (see pg 3)*
- _____ G. Self Administration of Medications (see pg 3)*
- _____ H. Emergency Medical Approval (see pg 4)

* If for any religious reasons you cannot sign this, your Extension office should be contacted for a legal waiver which must be signed for attendance

I have read this Release and Assumption of Risk Agreement and signed it on behalf of myself, my heirs, assigns, and anyone entitled to act upon my behalf.

Signed _____
(Parent or Guardian)

Date _____
(Month Day Year)

Signed _____
(4-H member signature)

Date _____
(Month Day Year)