

4-H JR. SCIENCE EXPLORERS PARTICIPANT INFORMATION FORM

The child care facility must obtain for every child enrolled a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in the regularly scheduled child care program.

Child's Name: _____ Gender: _____ Date of Birth: _____

Parent/guardian #1: _____ Authorized to pick-up? Yes No

Home Address: _____

Employer/Address: _____

Cell phone: _____ Alternate phone: _____

Parent/guardian #2: _____ Authorized to pick-up? Yes No

Home Address (if different from above): _____

Employer/Address: _____

Cell phone: _____ Alternate phone: _____

Doctor's Name: _____ Dr. Phone/Address: _____

Dentist Name: _____ Dentist Phone/Address: _____

Hospital of Choice: _____ Hospital Phone/Address: _____

EMERGENCY CONTACT INFORMATION			
Name	Relationship	Phone	Alternate phone
1.			
2.			

AUTHORIZED TO PICK-UP CHILD			
Please list anyone else authorized to pick-up your child in addition to the parents/guardians noted above. Children will not be released to anyone without prior consent. Individuals will be asked to provide valid ID at pick-up.			
Name	Relationship	Phone	Alternate phone
1.			
2.			
3.			
4.			

CHILD INFORMATION	
Surgery/Accidents/Illnesses/Chronic Health Problems: If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe any physical condition requiring the facility's special attention:	
Does your child have allergies? Please list.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever had an allergic reaction from a bee sting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child carry an Epi-pen? If yes, please complete Allergy and Anaphylaxis Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child use an inhaler? If yes, please complete Asthma Care Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child on any medication other than inhaler or Epi-pen including an over-the-counter medication? If so, please complete Medication in the Camp Setting Form.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anything additional we should know about your child? If yes, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>

A current immunization record recorded on the Colorado Department of Health Certificate of Immunization is required for camp participation. Please attach to participant form.

Agreements	Initials
All children must be signed in and out daily with their educators. If your child is not picked up by 4:30 p.m., we will make attempts to reach parents and other contacts listed on the emergency form. The director will be notified and if your child is not picked up by 5:00 p.m., authorities will be notified and a child-care fee of \$30 per ½ hour will be assessed.	
I give CSU Extension and the 4-H Jr. Science Explorers staff permission to use photos or video tapes of my child for promotional purposes. No names will be used unless additional parental permission is obtained.	
Campers are placed in small groups with individual educators. Groupings are made internally and all decisions are final. There is no guarantee that friends will be placed together, even if requested.	

Hold Harmless Release Form for 4-H Jr. Science Explorers Camp

Hold Harmless Release: In consideration of allowing my child, _____, to participate in the Colorado State University Jefferson County Extension, 4-H program from (dates) _____ through _____, I assume all risks in connection with the activities involved and agree to release Jefferson County and Colorado State University, Jefferson County Extension and their employees, for any injury or damage which may befall my child(ren) while he/she is participating in said activities whether foreseen or unseen. I hereby release Jefferson County and Colorado State University, Jefferson County Extension and their employees, from any and all action, cause of action, claims, damages, cost, expenses, compensation, personal loss or any other loss or injury received or incurred by my child(ren) during his/her participation in 4-H Jr. Science Explorers. I understand that my child is not required to participate in the day camp activity(s), but grant permission for him to do so, despite the possible risks. I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I agree to hold all listed parties harmless from any claim by me or my family, estate, heirs or assigns arising out of my child(ren)'s participation in these activities.

I recognize that the camp's outlined activities and potential resulting risks may cause injury, death, or loss to participants or other persons in the immediate vicinity. It is not possible to identify all potential risks in these activities, but the day camp organizers have taken reasonable safeguards to minimize any known and potential, but unknown risks.

I have discussed with my child the importance of following directions and safety procedures that will be outlined by camp professionals prior to the activity. I have also advised my child of the appropriate clothing to wear upon the recommendations in the informational letter. I have read the contents of this affirmation and understand its contents. I understand that with any activity there is a potential for injury or damages to participants.

In signing this form, I grant camp director or supervisor the authorization to secure emergency medical treatment for the above named child while in the care of 4-H Jr. Science Explorers program.

I authorize the people listed on the previous page to pick-up my child.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

Signature Parent/Guardian: _____

Date: _____