

JANUARY 19 & 20, 2013 4-H LOCK-IN PERMISSION FORM for 4-H MEMBER to complete

I _____ am attending the 2013 Lock In and My guest will be _____
(4-H Member) **(Guest Name)**

Parents of 4-H member _____

4-H Parents Phone # _____ Emergency # _____

I understand that no alcohol tobacco, smoking, drugs (unless Prescription) or inappropriate behavior is allowed.
I understand that once I arrive I will not leave unless permission is granted by my parent/guardian and approved by the chaperoning staff.

No cell phones and no food should be brought to the lock in.

Signature of 4-H Member

Date

I the parent/guardian of the above-named youth, hereby, give permission to participate in the 2013 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of 4-H Member

Date

MUST ALSO HAVE MEDICAL INFORMATION/RELEASE FORM ON FILE IN OFFICE

JANUARY 19 & 20, 2013 4-H LOCK-IN PERMISSION FORM for GUEST to complete

I _____ am attending the 2013 Lock In and My guest will be _____
(Guest Name) **(4-H Member Name)**

Parents of Guest _____

Guest Parents Phone # _____ Emergency # _____

I understand that no alcohol tobacco, smoking, drugs (unless Prescription) or inappropriate behavior is allowed.
I understand that once I arrive I will not leave unless permission is granted by my parent/guardian and approved by the chaperoning staff.

No cell phones and no food should be brought to the lock in.

Signature of Guest

Date

I the parent/guardian of the above-named youth, hereby, give permission to participate in the 2013 4-H Lock-in. I also give permission for first aid and admittance to a hospital for necessary medical care in care of emergency.

Signature of Parent/Guardian of Guest

Date

MUST COMPLETE MEDICAL INFORMATION/RELEASE IN THIS NEWSLETTER

Iowa 4-H Medical Information/Release Form

(For all Non 4-H Club Members)

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____ Date of Birth _____ Gender _____
City, State, Zip _____ Home Phone _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First	Backup Contact (Relative or Friend)
Name _____	Name _____
Relation to Participant _____	Relation to Participant _____
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
E-mail _____	E-mail _____
Name of Family Doctor _____	Office Number _____
Name of Dentist _____	Office Number _____

INSURANCE POLICY INFORMATION

The above-named participant is covered by health insurance. Yes** No*

* If no, initial this line stating that you do not have health insurance and are aware that Iowa State University/University Extension/4-H does not carry any health insurance for you.

**If yes, provide the following information which is required by Iowa State University to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____ P.H.'s Date of Birth _____
Address _____ Relation to Participant _____
City, State, Zip _____ Occupation _____
P.H.'s Employer's Name/Address _____

Insurance Company Name _____
Policy # _____ Plan # _____

Health Information (Please Print)

Does the child have any of the following conditions or a history of any of the following conditions? (Circle all that apply.)

Asthma Bronchitis Fainting Spells
Diabetes Ear Infections Heart or cardio-vascular problems/disease
Convulsions/seizure Hay Fever Chronic bone, muscle or joint injuries
Migraine headaches Other condition(s): (Please list) _____

Allergies or reactions: (Circle all that apply.)

Aspirin Penicillin Dairy Gluten Peanuts
Insect bites or stings Ivy/oak/sumac toxins Other (list) _____

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.) _____

Date of last tetanus shot (approximate if necessary): _____ (Over)

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the 4-H Club leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through my behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them. _____ participant signature

TO BE READ AND SIGNED BY PARENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in 4-H recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION*

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.) _____ parent signature

PUBLICITY/IMAGE/VOICE PERMISSION

The Iowa State University Extension 4-H Program normally takes photographs, video, and/or tape recording of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Iowa State University and the 4-H Program to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions. If you object to ISU using you or your child's image or voice in this manner, please notify the 4-H program leader. _____ parent signature

TRANSPORTATION

I am giving my permission for my child to be transported to and from 4-H Club activities or events. I give my permission for:

(Circle all that apply.)

- My child to ride with any adult volunteer driver.
- My child to ride with an authorized adult volunteer driver who has completed an MVR check.
- My child to ride in another youth's (18 or younger) vehicle to 4-H Club activities.
- My child to drive his/her vehicle to this 4-H activities or events.
- My child to transport other 4-H Club participants in his/her or my vehicle.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H Club events or activities that the owner of the vehicle is responsible for any liability that might occur during the transportation. ISU does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Iowa. _____ parent signature

4-H CLUB ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)

I give permission for _____ to participate in the 4-H program. I understand that 4-H club project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate as an Iowa 4-H club member in the 4-H club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence. _____ Parent signature

MUST BE SIGNED BY THE PARENT OR GUARDIAN FOR THIS EVENT.