

# Authorization for Medical Care and Recognition and Assumption of Risk Agreement

This authorization covers \_\_\_\_\_ during his/her travel to and participation in \_\_\_\_\_. This activity covers the period \_\_\_\_\_ through \_\_\_\_\_.

I, the undersigned parent or person or the legal guardian of the above-mentioned 4-H member, authorizes their participation in the listed event. In giving this consent I recognize and understand that precautions will be taken to safeguard the health and welfare of all who attend. However, in consideration of allowing said child to attend and participate in this activity, it is my understanding that participation in the activities that make up this event are not without some inherent risk of injury. As such, in consideration of my child's participation, I do hereby release, waive, discharge, and covenant to not sue the event, its organizers, the Oklahoma 4-H program, Oklahoma State University, the Oklahoma Cooperative Extension Service, the State or Oklahoma or their officers, servants, agents, or employees and release them from any liability, claims, demands, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by my child while participating in such activity, or while in, on, or upon the premises where the activity is being held (the provisions of the Oklahoma Governmental Tort Claims Act notwithstanding).

In giving this consent I recognize and understand that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor. I furthermore understand that a medical insurance policy carried by \_\_\_\_\_, if any, will provide only minimum coverage and that will be responsible for costs associated with the care and treatment of the above mentioned child.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of parent or person having legal custody or legal guardian)

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Cellular Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If emergency personnel are unable to locate the individual(s) listed above, and the minor cannot provide self-consent, the minor who presents with an urgent problem shall receive treatment as necessary at the discretion of the physician on duty.

Family Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## TREATMENT INFORMATION

Delegate's Birth Date \_\_\_\_\_ SS # \_\_\_\_\_ Gender \_\_\_\_\_  
Delegate's Allergies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Other Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Medicine delegate is taking \_\_\_\_\_

Date of Delegate's last Tetanus Shot \_\_\_\_\_  
Delegate's Medical History (diabetes, asthma, etc.) \_\_\_\_\_

If the delegate has a serious medical condition or is under a doctor's care, a letter from the doctor should be attached outlining the nature of the condition, treatment or medical history.

**WITNESS** \_\_\_\_\_

**OKLAHOMA 4-H CODE OF CONDUCT AND  
MEMBER DISCIPLINE POLICY FOR DISTRICT, STATE, NATIONAL AND INTERNATIONAL EVENTS**

Name of 4-H Member \_\_\_\_\_ Name of 4-H Event \_\_\_\_\_

- I. In seeking uniformity in the conduct expected at each district, state, national, and international event, the following guidelines have been developed to become effective on October 1, 1992.
  - 1. All rules and regulations governing an activity or event will be discussed with educators, leaders and 4-H'ers prior to or at the beginning of each event.
  - 2. All 4-H'ers are under the supervision of any Extension worker or adult assigned to the event.
- II. 4-H'ers accused of any of the following will be required to appear before a review board:
  - Assault or personal harm
  - Sexual misconduct
  - Possession of weapons
  - Possession or use of illegal drugs, alcoholic beverages, or 3.2 beer
  - Theft, misuse or abuse of public or personal property

If a question regarding any the above is raised, I agree to a search of my room and/or personal property. Failure to comply will result in violation of the Code of Conduct.

- III. If the 4-H'er is found in violation of Section II, and receives discipline issued by the review board his or her parent/guardian will be notified immediately; the 4-H'er will be suspended from participation in district, state, national and international 4-H activities for a period for up to twelve 12 months and may be sent home immediately at parent's expense.
- IV. 4-H'ers accused of any of the following may be required to appear before the review board:
  - Breaking curfew or disturbing the peace
  - Unauthorized use of vehicles during the event
  - Unauthorized absence from the premises of the event
  - Unexcused absence from the activities of the event
  - Use of abusive language
  - Possession of illegal fireworks

No boys will be allowed in girls' rooms nor will girls be allowed in boys' rooms, either as individuals or groups. It is recognized that circumstances may arise for justifiable exceptions to this policy. However, in every case, permission for exceptions must be secured from chaperone in advance.

Use of tobacco in any form is discouraged at all 4-H events. No smoking, chewing, or dipping will be permitted at any scheduled meeting or activity. Legally possessed tobacco may only be used in designated locations.

- V. If the accused 4-H'er is found in violation, of Section IV, and receives discipline issued by the review board, his or her parent/guardian will be notified, and the 4-H'er may be sent home immediately at the parents' expense and may be suspended from participating in district, state, national and international 4-H activities for up to six (6) months.
- VI. Realizing these guidelines are not "all inclusive", the Extension Service reserves the right to make adjustments to policies.
- VII. STAFF NOTIFICATION PROCEDURES: If a 4-H'er is found in violation of the Code and is to be sent home, the person in charge of the event will notify the appropriate County, District or State 4-H Office.
- VIII. REVIEW BOARD: The person in charge of the event will appoint a review board at the beginning of the event. The review board will consist of the following:
  - At least one Extension educator, up to two Volunteer Leaders and three 4-H members (The person in charge of the event or delegation shall serve as chairman.)
  - The review board may be convened by the person in charge of the event/delegation, or at the request of the affected 4-H'er.
- IX. APPEAL PROCEDURES: If a 4-H'er wishes to appeal the decision of the review board, he/she must appeal in writing through their County Extension Office. Appeals must be filed within 30 days following notification of punishment. As necessary, the State 4-H Leader shall appoint an appeal board, no sooner than 30 days following the date of notification of the disciplinary action. The appeal board who hears the appeal of the 4-H member shall consist of:
  - A County Extension Educator
  - A 4-H Volunteer
  - Two 4-H members
  - District 4-H Specialist

As a condition of participation in 4-H events, we agree to be bound by the terms of the 4-H Code of Conduct. We understand the reason for this agreement is to insure conduct and behavior that will result in every 4-H delegate receiving the full benefit of enjoyment and educational experience from this event and is not intended to place undue restriction upon any individual.

4-H Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

County Extension Educator \_\_\_\_\_ County \_\_\_\_\_

(NOTE: Failure to have the bonafide signatures above shall be sufficient reason to disqualify a member from further participation in a 4-H event. Please return entire page by designated date.)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Where Parent or Guardian may be reached \_\_\_\_\_