Delegate/Chaperone Name ____________________________________________

☐ The following over-the-counter (OTC) medications, stocked in the Iowa 4-H CWF First Aid Kit, may be used to manage illness or injury throughout the trip. These medications will be dispensed according to the label as requested by delegates and parent permission (which is noted below). Please cross out (or list in other) those which your teen SHOULD NOT be given:

- Acetaminophen
- Ibuprofen
- Diphenhydramine (name brand: Benadryl)
- Tums
- Dramamine / Bonine
- Hydrocortisone cream
- Antibiotic ointment or cream
- Other: ________________________________

The trip coordinator will check this parent permission form and health form before administering any OTC medication. All OTC medicine administered will be documented and recorded by trip coordinator.

☐ Please list all prescription medication currently taken by delegate (in case urgent/emergency care is needed during the trip). Parents will be notified in the event of an urgent care/emergency room visit. The current medications list is needed to ensure proper care during any such visit.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ If your teen requires prescription medication during the trip, they are allowed to keep and administer as required. If you, as a parent, would rather have prescription medication secured by the trip coordinator, please complete 4HP 3200 Request for Medication found at https://iastate.app.box.com/v/4HP3200. All prescription medication will be dispensed as directed on the label of the container. If this form is completed, all prescription medications need to be given to the trip coordinator upon check-in at the bus.

☐ If your teen chooses to friend or follow the coordinator, do you give permission to connect via social media? The trip coordinator currently uses Facebook, Instagram, Snapchat, and Twitter. Twitter is set as a public account; the other three are private accounts. The coordinator does not make requests of minors to be friends on social media. Please cross out below those mediums you do not give permission for if the teen makes the request to connect with the trip coordinator.

<table>
<thead>
<tr>
<th>Facebook</th>
<th>Instagram</th>
<th>Snapchat</th>
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☐ Currently, the Iowa 4-H CWF Program utilizes the Remind app as a way to stay in communication with reminders and updates during the CWF Trip. There is no requirement to download a specific app; it utilizes text messages and enables the trip coordinator to include the entire group in one group message. For more information regarding Remind: https://www.remind.com/

By signing below, I give the CWF Coordinator to use by teen’s cell number for contacting them with required information and updates about the CWF Trip and to use their cell phone number in conjunction with the Remind app (which I understand my teen will subscribe to the CWF group from their phone).

Parent/Guardian Signature __________________________ Date _____________