



Iowa 4-H Medical Information/Release Form

2020 CWF Trip

PARTICIPANT INFORMATION

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

MEDICAL EMERGENCY CONTACT INFORMATION

<u>Person to Contact First</u>	<u>Backup Contact (Relative or Friend)</u>
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*

* Health/Medical insurance coverage is not required to participate in this program.

* 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 beyond a basic excess coverage accident/injury insurance plan.

** If yes, provide the following information which will be used by Iowa State University staff or medical providers to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____
 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? (**Check all that apply.**)

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

Allergies or reactions: (**Check all that apply.**)

- | | | | | |
|---|---|---|---------------------------------|----------------------------------|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Dairy | <input type="checkbox"/> Gluten | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Insect bites or stings | <input type="checkbox"/> Ivy/oak/sumac toxins | <input type="checkbox"/> 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): _____

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the adult 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

 Date

(OVER)

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*

I understand and agree that my child (Participant named) is sufficiently healthy and reasonably fit to safely participate in the Citizenship Washington Focus program. I understand and agree to inform program leader(s) of any condition that may affect my child's ability to safely participate in the Program, and to work with program leader(s) to develop a written safety plan regarding my student if I have such concerns.

I recognize that there may be occasions where my child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. Therefore, I authorize Iowa State University staff, representatives, and volunteers to provide routine first aid and to seek emergency medical treatment for my child, including consenting to x-rays, examinations, and other medical diagnoses and treatments. I understand that a basic excess accident/injury insurance policy for enrolled members and approved volunteers is provided, and I agree to accept full responsibility for any and all expenses including medical expenses that may derive from any injuries to my child that may occur during their participation in the Program that are not covered by the ISU Extension and Outreach excess coverage policy. As parent or legal guardian of my minor child, I am authorized to consent to the services to be rendered and I represent that my consent to and agreement to pay for medical and/or hospital care or treatment is legally sufficient and that no consent from any other person is required. In addition, I agree to hold harmless and agree to indemnify the State of Iowa, the Board of Regents for the State of Iowa, the University, and their staff, representatives, and volunteers from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.

Parent or Guardian Signature

Date

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 trip coordinator. _____initial _____date

TRANSPORTATION

I understand that my child will be transported by motor coach for the majority of the trip, but will also be using public transportation (which may include, but not be limited to, DC Metro, bus, and taxi/Uber/Lyft).

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) 4-H 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.
_____initial _____date

WATER ACTIVITY RELEASE FORM

This trip may include hotel stays with swimming pools. A lifeguard will not be present. I hereby assume all risks for my child's personal injury (including death) that may result from any water activity. I do hereby release the State of Iowa; Board of Regents – State of Iowa; Iowa State University, Iowa State University Extension and Outreach, the participating county agricultural extension districts and their officers, employees, and agents from all liability, including claims and suits at law or in equity, for loss, damage, or injury, fatal, or otherwise, which may result from my child taking part in water activities while attending this trip. My child has permission to participate in water activities while participating in CWF. _____initial _____date

4-H 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 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. In addition, some 4-H projects including but not limited to: shooting sports, horse or livestock projects, water activities, and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in the 4-H 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 or Guardian Signature
(Must be signed by the parent or guardian if the participant is under 18 years old)

Date