



# Iowa 4-H Medical Information/Parental Permission Agreement Form

## Iowa 4-H Youth Conference/Roundup

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### PARTICIPANT INFORMATION

Participant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Family Email: \_\_\_\_\_  
Years in 4-H \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### PARENT/GUARDIAN 1

First Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_

### PARENT/GUARDIAN 2

First Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_  
Work Phone \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
Relation to Participant \_\_\_\_\_  
Phone \_\_\_\_\_

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### INSURANCE POLICY INFORMATION

Is the above-named participant covered by health insurance? (Health insurance is NOT required to participate.)

Yes (if yes, provide the following information to expedite treatment and to facilitate the billing process in case of emergency)

No (I understand I or my family is financially responsible for any medical treatment arising from participation, other than those expenses covered by an ISU Extension and Outreach excess coverage accident/injury insurance plan.)

Policy Holder's (P.H.) Name \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Policy # \_\_\_\_\_ Insurance Plan # \_\_\_\_\_

If a youth will need medication to be administered during the course of the event, please submit a "Request to Give Medication" (form 4HP 3200)

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### HEALTH INFORMATION

Does your child have any Medical conditions?  Yes  No

If yes, please list:

Does your child have any allergies?  Yes  No

If yes, please list:

Is your child currently on any prescribed or over-the-counter medication?  Yes  No

**If yes, please list:**

Does this participant have any activity restrictions?  Yes  No

**If yes, please list:**

**OVER**

**TO BE READ AND SIGNED BY PARTICIPANT**

**BEHAVIOR EXPECTATIONS OF THE PARTICIPANT**

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. I agree to follow the Code of Conduct for Iowa 4-H Youth and Families and the Code of Responsibilities for participants of the Iowa 4-H Youth Conference and Animal Science ROUNDUP. I will follow directions of chaperones and program leaders at all times. I understand there will be consequences I fail to follow directions and abide by event policies.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

**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 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 4-H Youth Conference staff or volunteers, or Iowa State University staff, or County Agricultural Extension District staff or volunteers to provide routine first aid 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 to the attending physicians or health care unit (other than those covered by an accident insurance plan). In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the program staff or volunteers or medical providers/emergency responders to secure and administer treatment for my child, including hospitalization. Initial \_\_\_\_\_ date \_\_\_\_\_

**PUBLICITY/IMAGE/VOICE PERMISSION**

The Iowa State University Extension and Outreach 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 agreement below will be considered permission for Iowa State University, the County Agricultural Extension District, 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. initial\_\_\_\_date \_\_\_\_\_

**TRANSPORTATION**

Transportation to and from Iowa State University for participation in the Iowa 4-H Youth Conference or Animal Science ROUNDUP is the responsibility of the participant. If transportation is needed during the 4-H Youth Conference/Animal Science ROUNDUP program participants will be transported using ISU vehicles driven by screened and approved staff or volunteers, or will be transported using commercial transportation. Participants are not permitted to drive during the program.

I understand that if personally-owned vehicles are used as transportation to and from Iowa State University (ISU) for this conference, 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 \_\_\_\_\_

**IOWA 4-H YOUTH CONFERENCE / ANIMAL SCIENCE ROUNDUP ASSUMPTION OF RISK AND RELEASE OF LIABILITY (Please read carefully.)**

I give permission for my youth to participate in the Iowa 4-H Youth Conference or Animal Science ROUNDUP program. I understand that program activities and 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, participation in Animal Science ROUNDUP may have a higher degree of risk due to exposure to animals and animal diseases. I nonetheless wish to have my child participate as an Iowa 4-H club member in the Iowa 4-H Youth Conference or Animal Science ROUNDUP 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, Iowa State University, ISU Extension and Outreach, County Agricultural Extension Districts, 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 Iowa 4-H Youth Conference or Animal Science ROUNDUP 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

\_\_\_\_\_  
Date

## PROGRAM EVALUATION AND RESEARCH PERMISSION

The Iowa State University Extension and Outreach 4-H Program annually assesses the extent to which youths' engagement in 4-H learning experiences impact their lives. The overall purpose of Iowa 4-H's program evaluation and research efforts is to inform and improve 4-H educational learning experiences with all Iowa youth.

Throughout the 4-H programming year, youth enrolled in 4-H learning experiences may be asked via a self-assessment tool to share perceptions of changes in their knowledge and actions/practices related to engagement in healthy living, STEM, citizenship and leadership, and/or communication and the arts learning experiences. The youth self-assessments do not ask for youths' names. Youths' self-assessment responses are kept confidential and results are reported in aggregate.

The Iowa 4-H Program is also working collaboratively with the Iowa Department of Education to determine if there are differences in academic variables such as, but not limited to, grades, test scores, school attendance, and course enrollment of youth who are engaged in 4-H learning experiences compared to youth who are not engaged in 4-H learning opportunities. Additionally, demographic data, such as, but not limited to youths' ethnicity, race, and gender will also be reviewed to better understand if youth engagement in 4-H learning experiences helps to close achievement gaps as outlined by the Iowa Department of Education. The Iowa 4-H Program will work closely with the Iowa Department of Education to ensure that any data released is not personally identifiable and that any data received, analyzed, or preserved is in strict compliance with the requirements within the Family Educational Rights and Privacy Act (FERPA) and Iowa State University's Human Subject Policies.

You are free to decide not to have your child participate in any Iowa 4-H program evaluation or research project, or to withdraw your child at any time, without adversely affecting your child's Iowa 4-H participation. If you decide to withdraw your child from an Iowa 4-H program evaluation or research project, please contact Leslie Stonehocker, 4-H Data Manager, at [lstone@iastate.edu](mailto:lstone@iastate.edu). Your decision will not result in any loss or benefits to which your child is otherwise entitled.

**YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN 4-H PROGRAM EVALUATION AND RESEARCH EFFORTS. YOUR SIGNATURE CERTIFIES YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.**

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Parent or Guardian Signature

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Date



**IOWA STATE UNIVERSITY**  
Extension and Outreach

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