

Iowa 4-H Medical Information/Release Form

PARTICIPANT INFORMATION

Participant's Name _____
Permanent Address _____
City, State, Zip _____

Date of Birth _____
Home Phone _____
Gender _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____

Backup Contact (Relative or Friend)

Name _____
Relation to Participant _____
Daytime Phone _____
Evening Phone _____
E-mail _____

Name of Family Doctor _____
Office Number _____

Name of Dentist _____
Office Number _____

HEALTH INFORMATION (*Please Print*)

By sharing about the mental, physical, and behavioral health of your child, staff are better prepared to support youth opportunities for learning in a group setting.

Does your child have any mental, physical, or behavioral needs that we should be aware of? If yes, please list their needs so we can best support youth learning.

Does your child have any allergies (including foods, medications, or other substances)?

If your child needs medication during the planned program time, please complete the Request for Giving Prescription/Non-Prescription Medication at 4-H Event Form (<https://iastate.app.box.com/v/4HP3200>).

TO BE READ AND SIGNED BY PARTICIPANT

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT

It is important to follow the directions of the staff and volunteers in charge of programs at all times. I must also abide by Iowa State University Extension and Outreach's rules and conduct expectations. I understand that, as a participant, I have the responsibility to help make the learning opportunity 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 4-H 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 (the University), Iowa State University Extension and Outreach staff, County Agricultural Extension District 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 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. 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, Iowa State University Extension and Outreach, County Agricultural Extension District, 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: During the Program and associated activities, photographs and video/audio recordings may be taken of you or your child. In addition, during virtual programs, your location, setting, or other personal information may be electronically captured and displayed. Your initials below will be considered permission for Iowa State University Extension and Outreach and the faculty or staff in charge to photograph, film, audio/video tape, record and/or televise your image and/or voice for use in any publications or promotional materials, in any medium now known or developed in the future, without any restrictions or additional consideration. If you object to Iowa State University Extension and Outreach using your or your child's image or voice in this manner, please notify the program faculty or staff in writing before participating.

initial _____
date

TRANSPORTATION: 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

IOWA STATE UNIVERSITY INFORMATION: By enrolling my child in the Iowa 4-H program, I understand that Iowa State University may send you the information about our university by email and postal mail. Your personal information will always be treated with the utmost care, and we will never share your information with entities not associated with Iowa State. This information may include but is not limited to information about admission, scholarships, financial aid, and academics. _____
initial _____
date

SURVEYS, PROGRAM EVALUATION AND RESEARCH: I understand that 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 4-H learning experiences. The youth self-assessments do not ask for youths' names. Youths' self-assessment responses are confidential and results are reported in aggregate. You and your child are free to decide not to 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. Your decision will not result in any loss or benefits to which your child is otherwise entitled. Participation in any 4-H program evaluation and research effort is always voluntary. _____
initial _____
date

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

I give my permission for the above-named individuals to participate in this 4-H Program. I hereby RELEASE FROM LIABILITY, IMDEMNIFY, and HOLD HARMLESS the State of Iowa, Board of Regents of the State of Iowa, Iowa State University, ISU Extension and Outreach, and the County Agricultural Extension District, and any of the officers, servants, agents, and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, costs or other expenses or liabilities incurred by me and anyone accompanying me (including minors I am responsible for during this event) that occurs as a result of my or my child's voluntary participation in this Program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

I HAVE READ THIS AGREEMENT IN FULL, AND I UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent or Guardian Signature

Date

(Must be signed by the parent or guardian if the participant is under 18 years old)