Holiday Painting Party

Wednesday, December 11
3:00-5:00 pm
Cost: $20
Who: 2-12th graders
Hancock County Extension Office
327 West 8th Street
Garner, IA

Join us for a painting party led by Missy Huling for a lighted canvas painting! Decorate your home for the holidays with your painting, give it as a gift, or take it to the fair as an exhibit next summer. You can customize your painting, and they will all have battery operated lights. Parents are welcome to attend!

Sign up today, and join us for a fun filled painting party!

Name of Child: ____________________________  Current Grade: ________

Parent’s Name: __________________________________________________________________________

Phone: _______________________________  Alternate Phone: _________________________________

Email Address: __________________________________________________________________________

Walking home: _____  Being Picked Up: _____

For questions please contact the Hancock County Extension Office at 641-923-2856 or at xhancock@iastate.edu.

To sign up, you must return this form with the $20 fee to the Hancock County Extension Office:
327 W 8th St., Garner, IA 50438  Space is Limited!! Scholarships available upon request.

Registration deadline is Friday, December 6.
Iowa 4-H Medical Information/Release Form
(once per school year)

PARTICIPANT: ____________________________   YEAR: ________________

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.)
☐ Asthma   ☐ Fainting Spells   ☐ Diabetes
☐ Heart or cardio-vascular   ☐ Convulsions/seizure   ☐ Migraine headaches
☐ ADHD   ☐ ADD   ☐ ODD
☐ Chronic bone, muscle or joint injuries   ☐ Other condition(s): (Please list) ____________________________

Allergies or reactions: (Check all that apply.)
☐ Aspirin   ☐ Penicillin   ☐ Dairy   ☐ Gluten   ☐ Peanuts
☐ Insect bites or stings   ☐ Ivy/oak/sumac toxins   ☐ 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.)

_______________________________________________________________________________________________________

BEHAVIOR EXPECTATIONS OF THE PARTICIPANT
It is important to follow the directions of the adult leader(s) at all times. Please identify if your child has any behavior challenges and any tips in working through behaviors with your child.

_______________________________________________________________________________________________________

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*
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 the ISU Extension staff or volunteer 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 and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child.

☐ Yes   ☐ No

MEDICAL EMERGENCY PARENTAL PERMISSION

Parent or Guardian Signature   Date

(Please read carefully.)

4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY

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   Date

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

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