Iowa 4-H Medical Information/Release Form  
(Club Member)  
2015-2016 Year

Keep original in County Office.

<table>
<thead>
<tr>
<th>PARTICIPANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s Name</td>
</tr>
<tr>
<td>Permanent Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL EMERGENCY CONTACT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person to Contact First</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Relation to Participant</td>
</tr>
<tr>
<td>Daytime Phone</td>
</tr>
<tr>
<td>Evening Phone</td>
</tr>
<tr>
<td>E-mail</td>
</tr>
</tbody>
</table>

| Name of Family Doctor                  | Office Number                                      |
| Name of Dentist                        | Office Number                                      |

<table>
<thead>
<tr>
<th>INSURANCE POLICY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that ISU Extension purchases a primary accident insurance policy to cover 4-H members during authorized 4-H events and activities. I understand that I (parent or guardian) am responsible for any medical expenses that are excluded from the policy or exceed the policy limits.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH INFORMATION (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the child have any of the following conditions or a history of any of the following conditions?</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Convulsions/seizure</td>
</tr>
<tr>
<td>Migraine headaches</td>
</tr>
<tr>
<td>Other condition(s): (Please list)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies or reactions: (Check all that apply.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
</tr>
<tr>
<td>Penicillin</td>
</tr>
<tr>
<td>Dairy</td>
</tr>
<tr>
<td>Gluten</td>
</tr>
<tr>
<td>Peanuts</td>
</tr>
<tr>
<td>Insect bites or stings</td>
</tr>
<tr>
<td>Ivy/oak/sumac toxins</td>
</tr>
<tr>
<td>Other (list)</td>
</tr>
</tbody>
</table>

| 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.) |
|-------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Date of last tetanus shot (approximate if necessary):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TO BE READ AND SIGNED BY PARTICIPANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIOR EXPECTATIONS OF THE PARTICIPANT</td>
</tr>
<tr>
<td>It is important to follow the directions of the 4-H Club 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.</td>
</tr>
<tr>
<td>Participant Signature, Date</td>
</tr>
</tbody>
</table>

(over)

4H-3039B  
August 2007
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 health care 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 (other than those covered by an ISU Extension 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 ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.) __________ initial __________ 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 4-H program leader.

Transportation Options
☐ Adult Volunteers
☐ (Over 16 only) Adult Volunteer or Drive Own Vehicle

__________ initial __________ date

T-Shirt Size (Please circle your size.)

Youth- Small, Medium, Large or Adult- Small, Medium, Large, XL, 2XL, XXL

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

I give permission for (child’s name) to participate in the 4-H program. I understand that 4-H club 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 as an Iowa 4-H club member in the 4-H club 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)