

Louisiana 4-H Overnight Event Permission/Health Form

(To be completed and signed by parent/guardian prior to event. Participant MAY NOT register without health form)

Name of Participant _____ Date of Birth _____

Last middle first

Address _____ Parish _____

Street or PO Box

City _____ Zip Code _____

Social Security # _____ Gender _____

Parent/Guardian _____

Phone: Home _____ Work _____ Cell _____

If neither parent nor guardian can be located, in case of emergency, call: _____

(include name and phone number)

Persons designated to take child from event: _____

Persons not permitted to take child from event: _____

Family Physician _____ Phone: Office _____ Alternate _____

Health Insurance Company Name _____

Policy No. _____ Group No. _____

Health History

List all known drug allergies: _____

Is there past or present history of the following? Check all that apply.

	Yes	No		Yes	No
Appendicitis	___	___	Joint, back, limb pain	___	___
Asthma	___	___	Kidney or urine problems	___	___
Bedwetting	___	___	Menstrual problems	___	___
Bleeding disorder	___	___	Nervous condition/depression	___	___
Convulsions/fainting	___	___	Nose, sinus problems	___	___
Diabetes/hypoglycemia	___	___	Poison ivy, oak, sumac rash	___	___
Eye, ear problems	___	___	Recent surgery/injury	___	___
Frequent ear infections	___	___	Serious illness	___	___
Heart defect/disease	___	___	Serious injury	___	___
Hernia	___	___	Skin, gland problems	___	___
Hypertension	___	___	Sleepwalking	___	___
Hyperactivity/ADD/ADHD	___	___	Stomach/bowel problems	___	___
Insect stings*	___	___	Physical Disability	___	___

*Localized redness/swelling do not constitute insect allergy. Body-wide rash, swelling, and difficulty breathing do constitute insect allergy (anaphylaxis).

Explain any "Yes" marked above and list any other problems, including any exposure to infectious disease in the two weeks prior to event. _____

Immunizations (latest date): Tetanus _____ Hepatitis _____

Date of last physical examination: _____

Special Restrictions

Chronic or recurring illness and treatment which may be needed _____

Membership and participation in activities and events are open to all citizens without regard to race, color, national origin, gender, religion, age, veteran status, or disability. *If you have a disability that requires special accommodation for your participation in this event, please contact your parish 4-H agent two (2) weeks prior to your participation in this event.*

Indicate if your child has special requirements for travel/lodging or dietary needs due to disability or medical restrictions. _____

Dietary modifications require physician's written instructions be given to 4-H staff two (2) weeks prior to the event.

Insurance Information:

LSU AgCenter insures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

Parent/Guardian Authorization to participate or exclude participation in event activities:

I give permission for my child to participate in all event activities with the following exceptions:

Parent/Guardian Authorization for Medical Care:

I, the undersigned parent/guardian, understand that although the 4-H staff closely supervises the participants, the 4-H staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary, it will be available on site. I hereby give permission to the physician selected by the 4-H staff to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, permission to secure proper treatment for, hospitalize, order injections and/or anesthesia and/or surgery for my child as named above.

Signature of parent/guardian

Date (month/day/year)

I (parent/guardian) hereby give permission for Louisiana 4-H to administer the following over-the-counter medications if the nurse/med tech deems it necessary. Dosages will be administered according to directions on the bottle unless a parent or physician directs otherwise. **Circle any item(s) you do not want administered to your child.**

Scrapes & cuts	antibiotic ointment
Headache	non-aspirin pain reliever
Upset stomach	bismuth subsaliaylate (stomach relief liquid)
Constipation	milk of magnesia
Diarrhea	anti-diarrheal medicine
Menstrual cramps	ibuprophen
Poison ivy/insect bites	calamine lotion/antihistamine liq./hydrocortisone cream
	benzocaine swabs
Sunburn	sunburn spray/lip balm
Sore throat/cough	sore throat spray/lozenges
Sinus/cold	sinus/cold medications
Sore muscles	muscle rub
Ear ache	swimmer's ear drops

Signed _____ **Date** _____

Photo Release (check one)

_____ I give permission to use my child's name/photo in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities.

_____ I do NOT give permission to use my child's name/photo in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities.

Signature of parent/guardian

Date (month/day/year)

By my signature I am verifying that all the above information on this Louisiana 4-H Overnight Event Permission/Health Form is true and accurate.

Parent/Guardian

Date

It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age, or disability.

Louisiana 4-H Adult Health Form Revised 1-05

Event or Activity:

Date:

Name:

Parish:

Street Address:

City:

State:

Zip Code:

Social Security Number: (Required for Medical Purposes)

Insurance Company:

Group Policy Number:

Name of Person Insured:

Policy Number:

Insurance Address and Phone:

Emergency Contacts:

Name:

Home Phone:

Relationship:

Office/Cell Phone:

Name:

Home Phone:

Relationship:

Office/Cell phone:

Family Physician:

Phone:

Statement of Health:

To my knowledge, I have no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my health as POOR, FAIR, GOOD, EXCELLENT (please circle). I have no contagious or communicable disease and have had no illness within 30 days that would preclude me from participating in this event. If I do have any health problems or illnesses, they are explained in the space provided on the second page.

Special or Prescription Medications:

Please list any special medication being taken including the name and phone number of the prescribing physician, dosage, consumption rate and interval.

Name of Medication

Dosage

Frequency

Prescribing Physician

Date of most recent: **Flu Shot**_____ **Tetanus Booster**_____ **Hepatitis Shot**_____

Health Conditions:

Please share any information you feel 4-H personnel should know to help ensure your safety and well being. In case of an emergency, this health statement may be the only source of background information. Please be accurate and as complete as possible. **All information will be confidential.**

Arthritis or other related conditions, etc.	Yes	No
Allergies to medications, food, bug bites or other, etc.	Yes	No
Diabetes, Kidney or Liver Disease	Yes	No
Heart: defects, abnormal blood pressure, bleeding or clotting issues etc.	Yes	No
Infectious disease or contact with one in the last 2 weeks.	Yes	No
Lung Disease: asthma, persistent cough, tuberculosis, etc.	Yes	No
Nervous or Mental: epilepsy, convulsion, loss of consciousness, fainting, depression, etc.	Yes	No
Stomach or Intestinal Trouble: ulcers, gall bladder, hernia, colitis, etc.	Yes	No
Recent Surgical Operations, injuries or accidents, etc.	Yes	No
Sinus or Hay Fever, etc.	Yes	No
Skin Disease: Psoriasis, Eczema, etc.	Yes	No
Under a physician (name and phone) for a chronic re-occurring problems.	Yes	No
Physical Disability	Yes	No

If the answer is “**Yes**” to any of the above, please enter the details in the space below, indicating the diagnosis, date of injury or illness, hospital, name of doctor, etc. (attach a page if additional space is needed).

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Louisiana 4-H Code of Conduct Acceptance Form

Rules and regulations governing 4-H events will be discussed by agents and leaders with 4-H'ers before the event.

4-H'ers are under the supervision of all Extension personnel and other adults helping with the event. Each club member will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for sending 4-H'ers home at their parents' expense and may be grounds for suspension in regional and state events for up to 12 months.

- Possession or use of illegal drugs or alcoholic beverages.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages)
- Disrespect for the authority of agents, leaders and specialists (such as failing to follow specific rules or instructions for the event or using abusive language).
- Unauthorized absence from the premises of the event.
- Unauthorized use of vehicles during the event.
- Unauthorized possession of firearms.
- Breaking curfew or disturbing the peace (for example, being late for hotel room checks or disturbing others after curfew).

Realizing these guidelines are not all inclusive, the Louisiana Cooperative Extension Service reserves the right to adjust these policies.

Decisions on discipline will be the responsibility of the Extension agent(s) supervising the event in consultation with others designated as supervisors.

If a 4-H'er is found in violation and is to be sent home, the Extension personnel in charge will notify the parents. They will then call the parish chairman and regional director. Recommendations for suspension from participation in district and state events will be subject to approval by the director of Extension.

Youth Signature

Date

Parish

Parent or Guardian Signature

Date