

### 4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

#### I. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

<b>Name:</b>		<b>School Name:</b>		<b>County:</b>	
<b>Grade:</b>					

#### II. Family Information

This is the primary information we will use to communicate with your 4-H member.

<b>Family Name:</b>		<b>Family Email:</b>	
<b>Family Phone:</b>		<b>Family Address:</b>	

#### III. Member Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Preferred Name (optional):</b>		<b>Birthdate:</b>	
<b>Sex:</b>	M F	<b>Residence:</b>	Farm    Town <10,000 or Rural Non-Farm    Town/City/Suburb 10,000-50,000 City/Suburb >50,000    City-Central >50,000
<b>Hispanic/Latino:</b>	Yes No	<b>Race:</b>	American Indian    Asian    Black    Native Hawaiian or Pacific Islander White    Prefer not to say    Not Listed:

#### IV. Parent/Guardian 1 Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	Yes No

#### V. Parent/Guardian 2 Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	Yes No

#### VI. Other Emergency Contact

<b>Name:</b>		<b>Relationship:</b>	
<b>Phone:</b>		<b>May we release personal information to this person?</b>	Yes No

#### VII. Pick Up Information

In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

<b>Name of First Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			
<b>Name of Second Person:</b>		<b>Relationship to 4-H Member:</b>	
<b>Phone:</b>			

#### VIII. Military Service (if none, skip this section)

<b>Relationship to Member serving:</b>		<b>Branch of service</b>	
<b>Service Status:</b>	Active Duty    National Guard    Reserves    Other:		



**IX. Health History**

Does the participant have, or at any time has had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

**Allergies**

1.Serious Allergy to Insects	Yes	No
2.Serious Allergy to Dairy	Yes	No
3.Serious Allergy to Gluten	Yes	No
4.Serious Allergy to Nuts	Yes	No
5.Other Allergy(Please explain)	Yes	No

Please explain any “yes” responses, including medications for any allergies:

The following over the counter medications may be administered to my child without contacting me:

<b>Acetaminophen:</b>	Yes	No	<b>Antacid:</b>	Yes	No	<b>Antihistamine Pill:</b>	Yes	No
<b>Decongestant:</b>	Yes	No	<b>Dramamine:</b>	Yes	No	<b>Hydrocortisone Cream:</b>	Yes	No
<b>Ibuprofen (Advil)</b>	Yes	No	<b>Polysporin (topical antibiotic)</b>	Yes	No			

**Conditions**

1.Asthma	Yes	No	6.Fainting	Yes	No	11.Wear Glasses/Contacts?	Yes	No
2.Bronchitis	Yes	No	7.Headaches	Yes	No	Please explain any “yes” responses, including medications taken for any conditions:		
3.Convulsions	Yes	No	8.Heart Condition	Yes	No			
4.Diabetes	Yes	No	9.Hypoglycemia	Yes	No			
5.Ear Infection	Yes	No	10.Other Conditions	Yes	No			

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

**X. REVIEW CONFIRMATION SIGNATURE**

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**XI. SURVEY & EVALUATION RELEASE**

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

**XII. PERMISSION TO PARTICIPATE**

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child’s participation in 4-H programs and I voluntarily authorize my child’s participation in reliance upon my own judgment and knowledge of my child’s experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child’s participation in 4-H program. (Initials)

**XII. PUBLICITY RELEASE**

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content

PARENT/GUARDIAN \_\_\_\_\_ NO, I DO NOT PERMIT