



# Nebraska 4-H Participant Permission and Health Form



Visa, MasterCard and checks accepted. Make checks payable to the facility the participant will be attending. **Mail this form and your payment to that location.** Please check only one box. Please fill out a complete health form for each camper. **Registration instructions on page 11.**

- Eastern NE 4-H Center  
 21520 W. Hwy. 31  
 Gretna, NE 68028
- South Central 4-H Center  
 State 4-H Office, 114 Ag Hall  
 Lincoln, NE 68583-0700
- NE State 4-H Camp  
 P.O. Box 87  
 Halsey, NE 69142
- Date Form Completed \_\_\_\_\_

Camp No. \_\_\_\_\_ Camp Name \_\_\_\_\_ Camp Date \_\_\_\_\_ Cost \_\_\_\_\_

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Camp No. \_\_\_\_\_ Camp Name \_\_\_\_\_ Camp Date \_\_\_\_\_ Cost \_\_\_\_\_

Please print or type.

Participant's First Name _____		Middle Initial _____	Last Name _____		
Street Address _____		City _____	State _____	Zip _____	Phone _____
Age _____	Date of Birth _____		Grade in School _____		4-H County Name _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian email for electronic confirmation _____				

I want to room with: \_\_\_\_\_  
 (Registrations must be received together in the same envelope if possible.)  
 Have you been to this camp before?  Yes  No Are you a member of a 4-H Club?  Yes  No  
 I give permission to use my child's name/photograph in publications, advertisements, 4-H Web page or news articles pertaining to 4-H activities.  
 I do NOT give permission to use my child's name/photograph in publications, advertisements, 4-H Web page or news articles pertaining to 4-H activities.

**Emergency Contacts** (We must have two different contacts with both day and night phone numbers.)

Parent/Guardian _____		Day Phone _____	Night Phone _____
Address _____		City _____	State _____ Zip _____

<b>2nd CONTACT</b>	If parent/guardian cannot be reached, call:	Name _____	Day Phone _____	Night Phone _____
		Address _____	City _____	State _____ Zip _____

**Insurance Information**

Is the 4-H participant covered by family medical/hospitalization insurance?  Yes  No  
 As Parent/Guardian of the 4-H participant, I understand that health insurance coverage is the parent's/guardian's responsibility.

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Medical Care Provider-Name of Family Physician or Health Care Facility \_\_\_\_\_ Telephone \_\_\_\_\_

Payment Information (Please check box that applies.)	For Office Use Only
<input type="checkbox"/> Check enclosed <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Credit Card # _____ Expiration Date _____ Name on Card: _____ <input type="checkbox"/> I would like to help other youth attend camp by paying fees at the Gold Level. Total cost for all camps _____	Date Received ____/____/____ Cost of Activity _____ Total Received _____ Paid by Whom _____ Check Number _____ <input type="checkbox"/> Health information verified at registration Signature of person picking up participant _____ _____

### Health History Information

Does the participant currently have (or had) any of the following? Check "yes" or "no" to each question. Please explain any "yes" answers (noting the number of the question) in the space below or on an additional sheet of paper, if necessary.

	Yes	No		Yes	No
1. Had recent injury, illness or infectious disease?	___	___	11. Have diabetes or hypoglycemia?	___	___
2. Have a chronic or recurring illness or condition?	___	___	12. Have asthma?	___	___
3. Been hospitalized/had surgery within the past 2 years?	___	___	13. Had mononucleosis in the past 12 months?	___	___
4. Have frequent headaches?	___	___	14. Had seizures?	___	___
5. Had a head injury and/or been knocked unconscious?	___	___	15. Had frequent ear infections?	___	___
6. Has passed out, been dizzy, and/or had chest pain during or after exercise?	___	___	16. Wear glasses, contacts or protective eyewear?	___	___
7. Had heart-related problem (high/low blood pressure, shortness of breath, murmurs, etc.)?	___	___	17. Have an orthodontic appliance?	___	___
8. Had muscular/skeletal problems (arthritis, hernia, recent fractures, back/joint problems)?	___	___	18. Have problems with sleepwalking?	___	___
9. Had stomach/intestinal problems (ulcers, jaundice, indigestion, diarrhea/constipation)?	___	___	19. If female, have an abnormal menstrual history?	___	___
10. Have any skin problems (itching, rash, acne)?	___	___	20. Have a history of bed wetting?	___	___
			21. Had an eating disorder?	___	___
			22. Had emotional difficulties for which professional help was sought?	___	___

If yes, please give details (i.e., reactions, special instructions, special equipment, procedures): (attach additional pages if necessary)

Date of last physical exam \_\_\_\_\_

### Conditions, Restrictions or Allergies (Please list all)

	Describe the condition, restriction or allergy and how to manage (attach additional pages if necessary)
Dietary Needs	
Allergies (food, medicine, latex, etc.)	
Conditions (diabetic, asthma, etc.)	
Restrictions (ear plugs while swimming)	

### Immunizations (A copy of the applicant's immunizations record can replace this section)

Which of the following has the participant had?  Measles  Chicken Pox  German Measles  Mumps  Hepatitis

Please give date for last immunization for:

____/____/____ DTP	____/____/____ Hepatitis B	____/____/____ Varicella Zoster
____/____/____ Rubella	____/____/____ TD (Tetanus/diphtheria)	____/____/____ Polio
____/____/____ Measles (hard or red measles or rubeola)	____/____/____ Haemophitus influenza (HiB)	
____/____/____ Last TB mantoux test      _____ Result		

## Other Information

To help ensure a successful 4-H experience, it is vital that we know about our participants' unique needs or special concerns. Please explain anything that will help us better understand your child. For example, care by a physician or counselor in the past year. List any activity restrictions, adaptations, special learning considerations, family circumstances or other relevant experiences on an attached separate sheet (example: walks in his/her sleep).

## Medications

Medications must be given to the 4-H leader/staff in charge of the event at registration. Please list all prescription and non-prescription medications. All medications must be brought in the original container that identifies the medication's name, the dosage and frequency of administration and the prescribing physician (if applicable). Provide enough medication for the entire 4-H event.

This person does not take medication on a regular basis.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Route (eye, ear, oral) \_\_\_\_\_

Reason for taking \_\_\_\_\_

The following medication is taken during the school year but is not taken now.

If deemed necessary, I (parent/guardian) give permission to administer non-prescription medications in accordance with directions on the label for headaches, upset stomach, diarrhea, menstrual cramps and poison ivy.

## Permission to Treat, Participate and Release of Claims

The waiver and release of liability was executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (Parent/Guardian) of (Address) \_\_\_\_\_, City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, individually and as Parent/Guardian of \_\_\_\_\_

in favor of the Board of Regents of the University of Nebraska (UNL) (referred to in this document as Participant). Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns.

Parent/Guardian, hereafter known as Releasor, wishes the Participant to participate in the 4-H event named on this document and participate in all activities except as noted on this form.

1. In consideration for the participation in 4-H camp and UNL Campus Recreation Activities, Releasor hereby RELEASES and covenants not-to-sue UNL or 4-H for any and all present and future claims resulting from ordinary negligence on the part of UNL or 4-H for property damage, personal injury, or wrongful death arising as a result of engaging in, using University facilities and equipment, or receiving instruction for 4-H camp and UNL Campus Recreation Activities or activities thereto, wherever, whenever, or however the same may occur.

2. Releasor hereby voluntarily waives any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by Releasor's family, estate, personal representative, heirs, or assigns. Further, Releasor realizes that participation in 4-H camp and UNL Campus Recreation Activities involves certain risks and danger and is a vigorous activity involving severe respiratory and cardiovascular stress.

3. Releasor has hereby been made aware that participation in 4-H camp and UNL Campus Recreation Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions.

4. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

5. In the event of a medical emergency, the 4-H camp or University of Nebraska or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

6. I have read and understand that this WAIVER is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this WAIVER AND RELEASE will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

## Participant may be released to:

Anyone listed on the health/registration form

\_\_\_\_\_

Name (s)

OR: Extension Personnel

## 4-H Participant Agreement

With my Parent/Guardian, I have completed this form and will assume responsibility for taking my medication and for restricting any activities agreed upon and listed on this form. I will exercise good judgment in regard to my own health, safety and well-being while at 4-H events and activities.

**I have read the 4-H Code of Conduct and agree to follow these expectations.**

Sign

4-H Participant Signature

Date

Sign

Parent/Guardian Signature

Date



## Nebraska 4-H Participant Code of Conduct

Character Development is the cornerstone of the 4-H program. Your participation in 4-H carries the responsibility of exhibiting behaviors that reflect the positive traits of trustworthiness, respect, responsibility, fairness, caring and citizenship. Your contribution to a 4-H program is as important as what you receive from it. The following guidelines may not be exhaustive or exclusive. In the spirit of these guidelines, you are expected to promote Nebraska as "the good life," and exhibit good character at all times.

### As a 4-H participant, I will:

1. Treat all people and property with respect, courtesy, consideration and compassion. Avoid put-downs, insults, name calling, swearing and other language or nonverbal conduct likely to offend, hurt or set a bad example.
2. Act in a responsible manner at all times.
  - A. Participate in all sessions related to the 4-H program, event and contest. I will not leave the assigned program area without permission of the paid or volunteer staff.
  - B. Respect roommates by creating a quiet atmosphere during sleeping hours and by remaining within my assigned sleeping quarters after curfew to ensure the safety/well-being of myself and others.
  - C. Avoid sexual displays of personal affection. Females are not permitted in males' rooms, nor males in females' rooms at any time. Minors are not allowed in staff quarters. Rooms will be monitored in accordance with 4-H Policy.
3. Keep noise to a minimum out of respect to others outside of the 4-H group who could be using the same facility.
4. Use good manners, dress appropriately for the occasion and not wear clothing that may be offensive and disrespectful to others.
5. Practice fair-mindedness by being open to ideas, suggestions and opinions of others.
6. Obey laws and rules as an obligation of being a good citizen. I accept responsibility for the proper treatment and care for other youth and adults, animals, the environment, the program facilities and/or equipment.
7. Not possess or use: tobacco products, alcoholic beverages, controlled or uncontrolled mood-altering substances, pocket/hunting knives, lighters/matches, fireworks or firearms during 4-H events. All prescription and non-prescription medications will be listed on my health form. I will follow the specific 4-H event/program guidelines and will possess only the acceptable items as dictated by the specific event. Staff have reserved the right to check luggage, storage areas and/or living quarters prior to and during an event.

### I understand that if I do not follow the above code of conduct I may expect:

1. To explain my actions to 4-H staff in charge.
2. A letter describing the infraction and/or inappropriate behavior will be sent to my parent/guardian and/or county 4-H Council or sponsoring group.
3. To be dismissed from the event and sent home early at parent/guardian expense.
4. If applicable, further disciplinary action as determined by the county 4-H Council, which may include becoming ineligible to participate in further 4-H activities.
5. To reimburse the proper entity for any property damage or for liability resulting from inappropriate actions. In the case of vandalism, I may be required to reimburse 4-H or the facility for trip expenses and/or any additional clean-up fees.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
4-H Participant Signature

Make a copy of this form for your records.