



# Kansas 4-H Participation Form



**Note:** This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program.  
**All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.  
 Please print with blue or black ink to allow for photocopying.

Name \_\_\_\_\_ County/District \_\_\_\_\_  
 Last First  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age  Youth  Female  
 City \_\_\_\_\_ Zip \_\_\_\_\_ MM/DD/YY  Adult  Male  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone HWC \_\_\_\_\_ Phone HWC \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_ Phone HWC \_\_\_\_\_ Phone HWC \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

## 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 of paper if necessary.  
 Reporting conditions will not prevent a person from attending and will be kept confidential.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1) Asthma .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting .....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Insect Stings .....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Wear Glasses .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Wear Contact Lenses .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Other Conditions .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Penicillin Allergy .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Aspirin Allergy .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Tetanus Allergy .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Other Drug Allergies .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Food Allergies .....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Serious Ivy, Oak or Sumac Poisoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Other Allergies .....               | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

Date of Last Tetanus Shot \_\_\_\_\_

The following over-the-counter medications may be administered to my child, without contacting me.

- Antihistamine    Antacid    Ibuprofen (Advil)    Acetaminophen (generic, Tylenol)  
 Decongestant    Dramamine    Hydrocortisone    Polysporin (topical antibiotics)

Please contact me for permission to administer any over-the-counter medications.

## PUBLICITY RELEASE

I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

No, I do not authorize use of my – or my child's – individual image or voice.

### 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 evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in program evaluations is voluntary and that I and my child may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that I or my child may be asked for consent before completing an evaluation.

**No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.**

### KANSAS 4-H CODE OF CONDUCT

As a participant in the Kansas 4-H program, you have the responsibility of representing Kansas 4-H to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family and 4-H. To do that, you must:

- 1) Conduct yourself and your project work in a manner that is trustworthy, respectful, responsible, fair, caring and in good citizenship.
- 2) Be responsible for your actions by following the rules and being accountable. This includes being in assigned program locations/sessions, abiding by deadlines, times and housing arrangements. If you are unable to participate or need assistance, notify those in charge of the event/program.
- 3) Treat yourself, other people, animals and property with respect, using good manners, dressing appropriately and by not using profanity. You will be personally responsible for any damage caused as a result of your behavior. Know that the use of tobacco, alcohol, and non-prescribed drugs by youth is illegal.
- 4) Demonstrate caring for people other than yourself. Know that harassment of any type is illegal and prohibited at all 4-H events.
- 5) Be a good citizen by participating fully, and helping those around you have positive experiences.

*MEMBERS: I have read the Code of Conduct above and agree to abide by these expectations. I realize my failure to do so could result in a loss of privileges during events and/or in the future.*

*ADULTS: I have read the Code of Conduct above as well as the Kansas 4-H Volunteer Code of Ethics in the Volunteer Information Profile (VIP) and agree to abide by the expectations of both. I realize my failure to do so could result in a loss of privileges during events and/or in the future.*


Participant Signature  \_\_\_\_\_ Date \_\_\_\_\_

### VERIFICATION

I, \_\_\_\_\_ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief.

I have read and understand the Kansas 4-H Code of Conduct, Kansas 4-H Volunteer Code of Ethics (for adult participants), Publicity Release, and Evaluation Release.

I hereby release Rock Springs 4-H Center, Kansas 4-H Foundation, local extension boards, Kansas State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Kansas 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve horses, provided by the Rock Springs 4-H Center and being allowed to participate.

Parent/Guardian or Adult Participant Signature  \_\_\_\_\_ Date \_\_\_\_\_