



4-H Youth Development Health - Code of Conduct - Photo—Hold Harmless Form



Please print



SECTION III—DELAWARE 4-H CODE OF CONDUCT

Participant's Name _____

Birth date _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____

Parent or guardian _____

Work phone _____

Second parent or guardian _____

Address _____ City _____ State _____

Home phone _____ Work phone _____

If not available in an emergency, notify: _____

Cell phone _____ Work phone _____

- Attend all sessions in the planned program. If you are not feeling well or have a schedule conflict that will keep you from attending, please tell the adult in charge.
- Follow hours and room rules established before the event begins. You are responsible to know the rules for each event.
- Use language and manners that will bring respect to you and Delaware 4-H. You are responsible to know which language and behavior is appropriate.
- Be in the assigned program area (dorms, cabins, hotel room, etc.) at all times.
- Know the use of tobacco, alcohol and non-prescription drugs is prohibited at all times and at all 4-H events.
- Model respect for other persons in public areas. The adults in charge will help you know rules of courtesy that you will want to follow.
- Treat program areas, lodging areas and transportation vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
- Help other members in your group have a pleasant experience by making every attempt to include all participants in activities.
- Live up to your highest expectations of yourself, so you can return home proud of who you are and what you have accomplished.



SECTION I—PHOTO IMAGE RELEASE

I authorize the University of Delaware to record and photograph my image and/or voice, or that of my child, for use by the University of Delaware or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Subject's name (adult or youth) _____

Signature _____ **Date** _____

Those who are unable to conduct themselves within the guidelines listed above will be expected to:



SECTION II—HOLD HARMLESS CLAUSE

As the parent or legal guardian of this 4-H member, I give my permission for them to participate in organized events and activities offered by the Delaware 4-H Youth Development Program. I understand and acknowledge that there are certain hazards and risks associated with my child's participation in 4-H educational activities. These risks may result in injury, death, or damage to property. I understand and accept such risks, and thus waive all claims, demands, and causes of action against the State of Delaware, the University of Delaware, the Delaware 4-H Foundation, New Castle/Kent/Sussex County 4-H and their members, officers, employees, agents, and volunteers acting on their behalf. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs. After careful deliberation, I voluntarily give my consent to my child's participation and agree to the terms contained in this Acknowledgement of Responsibility and Release.

- Explain their actions to the adults in charge;
- Accept the consequences of their actions;
- Know that the adults in charge will work closely with parents/guardians, Extension personnel, and others to see that action is taken, and that appropriate and logical consequences for all concerned will follow.

I have read the Delaware 4-H Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in the loss of privileges during this event and/or in the future.

Participant Signature _____ **Date** _____

I have read the Delaware 4-H Code of Conduct and will support the adults in charge in the performance of their responsibilities to see that appropriate behavior is maintained.

Parent/Guardian Signature: _____ **Date** _____

I verify that I have READ, UNDERSTOOD AND AGREED TO THIS HOLD HARMLESS CLAUSE.

Parent/Guardian Signature: _____ **Date** _____

Health — Code of Conduct — Photo—Hold Harmless Form



SECTION IV – HEALTH

HEALTH INSURANCE INFORMATION

Policyholder's name and relationship to participant: _____

Policyholder's address: _____

Insurance company's name and address: _____

If you have HMO insurance, please list emergency treatment authorization phone

number: _____

Employer's name and address _____

All policy numbers (please identify): _____

Primary care physician _____

Physician's phone _____

RECENT MEDICAL HISTORY

Please check yes or no. If yes, explain (include another sheet if needed.)

YES NO

____ Has the participant had any recent surgeries or fractures?

____ Does the participant have any chronic health problems or illness, such as
seizures, asthma, other?

____ Does the participant presently have an acute illness?

____ Has the participant been treated recently for any kind of medical problem?

____ Does the participant have contacts, glasses, orthodontic appliances?

____ Are the immunizations up-to-date?
Date of last tetanus: _____

List any **ALLERGIES** to Medications, Foods, Latex, or local anesthetics:

List any **MEDICATIONS** he/she is now taking for treatment of any medical problem:

Activities encouraged or limited by physician: _____

Dietary restrictions: _____

Authorization for Treatment: I hereby give permission to the medical personnel, selected by the activity director, to order X-rays, routine tests, treatment, permission to release any record necessary for insurance purposes, and to provide and arrange necessary related transportation for my child. If I cannot be reached in the event of an emergency, I hereby give my permission to the physician to secure and administer treatment, including hospitalization for the person named above.

Signature of parent, guardian or adult camper/staff member:

Date: _____

PERMISSION TO MEDICATE

I understand that my child may require medication for minor medical conditions. Such conditions may include headaches, sunburn, poison ivy, bug bites, upset stomach, scrapes, cuts, and/or bee bites. I understand there will be a camp nurse to handle minor health problems and medication administration, but the camp nurse will not be able to medicate my child without permission from the parent or guardian. The following over-the-counter medications may be administered to my child, as needed, following the suggested dosage guidelines (**initial all that you give permission for the camp nurse to administer.**) Medication and/or conditions not covered by your advance permission will require a phone call to you before any medication can be given, and may cause a delay in treatment.)

_____ Tylenol / Acetaminophen for headaches, muscle aches and pains, cramps

_____ Advil / Ibuprophen for headaches, muscle aches and pains, cramps

_____ Maalox, Mylanta for upset stomach, stomachache, gas, nausea

_____ Tums for stomachache, upset stomach, nausea

_____ Imodium for diarrhea

_____ Pepto-Bismol for nausea, diarrhea

_____ Milk of Magnesia for constipation

_____ Calamine, Caladryl, Insect Bite Pen for insect bites, stings, jelly fish stings

_____ Benadryl Lotion (topical) for insect bites, stings, poison ivy

_____ Adolf's Meat Tenderizer (enzyme deactivates the poison) for

jelly fish stings

_____ Triple Antibiotic Ointment, Hydrogen Peroxide for scrapes and cuts

_____ Solarcaine for sunburn

_____ Benadryl (oral) for sinus, allergies, hay fever, rashes

_____ Sore throat spray or lozengers

_____ Robitussin DM

For Females:

Has this person menstruated? _____ If not, has she been told about it? _____

If so, is her menstrual history normal? _____ Special consideration _____

I understand any prescription medications taken by my child and/or to be dispensed to my child **MUST** be in the original container from the pharmacy with the original label and directions attached, or I must have a copy of the prescription from the doctor, in order to be dispensed by the camp nurse. If your child takes any over the counter medicine regularly or on an as-needed basis, for example, Sudafed or Benadryl, please send the medicine with written instructions and parent signature. Failure to follow these rules will result in the parent or guardian being required to deliver these before any medications can be given.

This health history is correct, to the best of my knowledge, and the person herein described has my permission to engage in all activities, except as noted.

Signature of parent, guardian or adult camper/staff member:

_____ **Date** _____

I, as the participant, understand and agree to abide by the restrictions placed on my activities should my physician require it.

Signature of minor or adult camper/staff member:

_____ **Date:** _____