RELEASE, WAIVER, AND AUTHORIZATION FOR MEDICAL TREATMENT

I, __________________________ (participant’s parent/legal guardian if participant is under 18 years old) authorize my child’s __________________________, (child’s Name) full participation in Southeast District 9 4-H Leadership Lab, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child’s) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes Southeast District 9, Texas 4-H and Youth Development Program, Texas 4-H Youth Development Foundation, Texas AgriLife Extension Service, Texas A&M University, The Texas A&M University System and its Board of Regents, and their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, including injuries sustained as a result of the negligence of Releasees. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant’s Name: __________________________________________________________________

Participant’s Signature ___________________________________________ Date: ______________
(18 or older)

Parent/Legal Guardian Signature __________________________________ Date: ______________
(Younger than 18)

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Participant’s Signature: ___________________________________________ Date ______________

If the participant has medical insurance, please indicate the:

Insurance Company: _________________________________________________

Policy Number: __________________________________________________________________

Name of Primary Policy Holder: _____________________________________________

State law requires you be informed of the following:
(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.
Southeast District 9 4-H
HEALTH STATEMENT

Check one: _____ Youth _____ Adult  County __________________
Event: _______________________________________ Event date(s): _________ through __________________

The proposed activity provided by the Southeast District 9 4-H Program, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information
Name ________________________________ Birth Date _________________________
Address ________________________________ Gender _________________________
City, ST, Zip ________________________________ Age _________________________
Work Ph. ________________________________ S.S. # _________________________
Home Ph. ________________________________ Name of Physician________________________
Physician’s Phone______________________ Date of Last physical exam_________________

Section II. Emergency Contact Information
Name ________________________________ Home Ph. _________________________
Address ________________________________ Work Ph. _________________________
City, St, Zip __________________________________________

Section III. Health History (Circle the appropriate answer and explain any YES responses.)
Have you had or do you currently have any heart problems (dates): _______________________  YES NO
Do you frequently suffer from pains in your chest: _____________________________________ YES NO
(NOTE: If you have any heart related problems you will need to have a release from a physician.)
Do you often feel faint or have spells of severe dizziness: _______________________________  YES NO
Has a doctor ever told you that you have high blood pressure: ___________________________  YES NO
Are you a smoker: YES NO
Do you have arthritis, joint, or back problems that can be aggravated by exercises: ____________  YES NO
Have you had any operations or serious injuries (dates): ___________________________________  YES NO
Do you have any chronic recurring illness or communicable diseases: ____________________________  YES NO
Are there any activities to be limited/discouraged by a physician’s advice: _____________________  YES NO
Are you allergic to any medicines, insects, or pollens: ______________________________________  YES NO
Do you have Epilepsy: ___________________________________________________________  YES NO
Do you have Diabetes: ___________________________________________________________  YES NO
Do you have any prescribed meal plan or dietary restrictions: _____________________________ YES NO

Section IV: Medications
Are there prescribed medications currently being taken __ (please explain)___________________ YES NO

Please check “over the counter” medications which camp personnel may administer as necessary:

____ Acetaminophen (Tylenol) ______ Ibuprofen (Motrin) ____ Pepto Bismol ____ Imodium
____ Neosporin _____ Calamine/Caladryl _____ Benadryl _____ Any as needed

Section V. Insurance Information Do you carry family medical/hospital insurance? YES NO
Carrier: ________________________________ Policy Number: _____________________________
Any other health related information for Center personnel to be aware of: ________________________________

REPRESENTATION
This health history is correct so far as I know, and I believe that my health is satisfactory to participate in Southeast District 9 4-H activities. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: ________________________________ Date: __________________
(Or guardian if participant is under the age of eighteen)
Witness: ________________________________ Date: __________________
Texas 4-H and Youth Development
2014 – 2015 Code of Conduct

During my 4-H involvement...

1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.

2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous, clean, and possess good manners.

3. Language must be controlled and appropriate for a 4-H member - no swearing.

4. Except for planned tours and outings, I will not leave the activity facilities any time without permission of the chaperone and/or staff responsible for the event.

5. I will not smoke or use tobacco products at any 4-H program event.

6. I will not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.

7. I will not carry or threaten another person with a weapon, bodily force or language.

8. I will respect the rights of privacy of those attending an activity and those with whom I may be rooming.

9. I will observe hours established by the staff and be in my room. No boys in girls’ rooms, no girls in boys’ rooms.

10. I will avoid unnecessary roughness of room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.

11. Any participant at an official 4-H activity who observes a breach of code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.

_________________________  _____________________________
Date                      Member Signature

_________________________  _____________________________
Date                      Parent/Guardian Signature

Educational programs of the Texas A&M AgriLife Extension Service are open to all people without regard to socioeconomic level, race, color, sex, disability, religion, age, or national origin.
Texas 4-H and Youth Development Consequences of Misbehavior

VIOLATORS MAY EXPECT:
To have the opportunity to explain actions to the professional Extension staff in charge.
Behavior that is disruptive to the event will be documented and a letter describing such will be sent to the District 9 4-H Leadership Team, County Extension Agent(s) and parents/guardians of those involved.

Minor Offenses
1. Habitually late to program activities
2. Not in room at designated time
3. Not possessing good manners and using language that is offensive to others
4. Not respecting the rights and property of those rooming with or attending an activity
5. Lying or untruthfulness to chaperones, leaders, event organizers, or others in attendance

Intermediate Offenses
1. Inappropriate violation
2. Leaving a 4-H activity without the permission of the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.
3. Intentional damage to meeting site, sleeping room or equipment.

Major Offenses
1. Smoking or using tobacco products
2. The use of alcohol or drugs
3. Carrying an unauthorized weapon.
4. Threatening another person with a weapon
5. Cheating
6. Sexual activities
7. Theft of any kind

Consequences
* For every offense 4-H member will receive a verbal reprimand.
* For every offense the violator shall write letters of apology to the appropriate people.

Major Offenses
* Automatic removal from event/activity and/or sending a participant home at the parent’s/guardian’s expense.
* One Major offense during any 4-H year may lead to suspension of membership in all Texas 4-H and Youth Development programs for the remainder of the 4-H year. Along with the possibilities of facing criminal charges, pending offense. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships form the Texas 4-H program.
* Acting in a manner considered by 4-H leadership to be harmful or potentially harmful to the health or well-being of themselves or others, whether such act occurred within, or outside the 4-H program.

Intermediate Offenses
* One or two violations is grounds for removal from the event/activity and/or sending a participant home at the parent’s/guardian’s expense.
* Three violations during one calendar year is grounds for disallowing the 4-H member any district or state activities for the remainder of the 4-H year. In addition, 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Minor Offenses
* Consistent discipline problems requiring more than four reprimands is grounds for disallowing the 4-H member any district or state activities for one year from date of offense. In addition 4-H member may be asked to resign from all 4-H offices or leadership roles held or to give up monetary awards or scholarships from the Texas 4-H program.

Course of Action
Event managers responsible for 4-H events and activities are encouraged to communicate to 4-H participants and adult chaperones prior to the event a standard of acceptable behavior, via the Commitment to Excellence. Standards of behavior and consequences should be reviewed with participants as part of the initial orientation.

1. Event Manager obtains all the relevant facts.
2. Brief the on-site adult responsible for the youth delegate (Extension faculty member or 4-H volunteer)
3. If not on-site, but available via phone, brief the county Extension faculty member and District Extension Director responsible.
4. Review consequences of misbehavior. The following steps should be taken when sending a 4-H member home:
   * Extension faculty member contacts parents.
   * Parents advised that child is being sent home by safest, most direct means, and that parents are responsible for cost.
   * Event manager decides if parents should be given the option of picking up the child.
   * County Extension faculty member collects money from parent to pay transportation charges.
   * Follow-up correspondence from events manager to appropriate county Extension faculty member, District 4-H Leadership Team, child and parent for documentation.
5. For all reprimands a Summary Letter and Accident/Incident Report Form will be completed and mailed to the 4-H member, parent County Extension Agent, District Extension Director, County Extension Directors (if applicable); District 4-H Specialist, and the Assistant Directors for 4-H and Youth and County Programs. Additionally, notification will be made to District 4-H Leadership Team prior to letter and form being mailed.

I have read the Texas 4-H Commitment to Excellence and understand what violators may expect. I agree with the Code of Conduct and do intend to abide by it throughout my 4-H activities. I have reviewed and understand the Consequences of Misbehavior.

________________________________        _____________________   ______________ _________________
4-H Member Signature     County      District   Date

As the parent or guardian of ____________________________ , I have read the commitment and do support all points. I give permission to the professional Extension faculty in charge to carry out the Code of Conduct as described including inspection of rooms.

Parent or Guardian ____________________________   Date ____________________________

[Signature]
County Extension Faculty in Charge