

Permission to Participate

Morgan County 4-H Teen Club

September 1, 2024 – August 31, 2025

I give permission to my Teen, _____, to attend and participate in the Morgan County 4-H Teen Club, during the 2024-2025 4-H Program year. I understand that activities may include but are not strictly limited to the following activities: Monthly Club meetings held at the Morgan County Extension Office, Environmental Day Camps, Teen Retreat, Area Teen Meetings, presentations at Elementary and Middle Schools to younger students, Reality Store, Dollars and Sense, Youth Ag Day, Sorghum Festival and Lock-ins.

I recognize some of these events may require my child to miss school or be signed-out early to participate. I understand that the 4-H agent, Assistant and/or Volunteer may be transporting them to the events. I am aware that my Teen will be asked to serve in leadership not only in Morgan County, but in the Area, and possibly even for the State. I have discussed with my teen the importance of always representing themselves in a positive manner. I will advise my teen to follow all guidelines outlined by the 4-H professionals and if they fail to follow there will be consequences for their actions.

I also understand that my volunteer and leader is not held personally liable for any accidents or injury while participating in a designated 4-H event/activity. By signing I am recognizing my responsibility of my teen participating in the 4-H Teen Club.

4-H Teen Club Member Signature: _____

Parent/Guardian Signature: _____

1002 Prestonsburg Street – West Liberty, KY 41472 – 606-743-3292 - morgan.ca.uky.edu

4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The 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 (i.e. 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 in blue or black ink to allow for photocopying.

Name: _____ County/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 4-Her Phone: _____ 4-H Year: _____ Gender: Female Male
 4-Her Email: _____
 Residence:
 Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City-Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Native Hawaiian or Pacific Islander
 White Prefer Not to Say Not Listed:
 Ethnicity: Hispanic Non-Hispanic T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____ Emergency Contact? Yes No

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

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 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 Allergy to Insects..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Other Allergy (please explain)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses, including medications taken for any conditions:

Please explain any restrictions (dietary, physical, etc):

Social, emotional, and/or behavioral health information:

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

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
 Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

Medical Treatment

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.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

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.

SIGNATURE OF GUARDIAN: _____ NO, I do not permit

