



## Youth Participation Form

Form 1

- **PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**
- **THIS SIGNED FORM MUST BE SUBMITTED BY A PARENT/LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE REFERENCED PROGRAM/CAMP/TRIP/EVENT SPONSORED BY 4-H.**

Today's Date:		County	
Program/Camp/Trip/Event:			Overnight Event <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PARTICIPANT INFORMATION</b>			
Name of Participant:			
Address:	City:	State:	Zip:
Date Of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<p><b>MEDICAL INFORMATION</b> - Oklahoma State University requests the information below so that in case of emergency, we have accurate information to provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. As a participant, parent, or guardian it is your responsibility to disclose relevant information that may result in harm to Participant and/or others during this Program.</p> <p>By revealing or disclosing the medical information in this document it will <u>not</u> be used by Oklahoma State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant. <b>Final determination about whether to participate is the responsibility of you and your physician. This information will be kept in strict confidence and will only be shared with your permission.</b></p> <p>In cases where medical attention is necessary, parents will be contacted for approval when possible; however, in the event of an emergency the 4-H staff will seek medical care for any child in their care. Oklahoma State University does not offer any form of insurance for participant while participating in Programs. Full medical expense will be the responsibility of parent or guardian.</p> <p>By signing this form, I represent and warrant that I have provided all materials and important information to Oklahoma State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the 4-H program and or Oklahoma State University of any changes in the mental, physical or medical condition of the Participant prior to any scheduled Program.</p>			
Signature of Parent/Guardian _____		Today's Date _____	
<b>INSURANCE INFORMATION</b>			
Do you have health/accident insurance? (circle one):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Insurance Company Name:			
<b>PARENT/GUARDIAN INFORMATION</b>			
Parent/Legal Guardian Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
<b>EMERGENCY CONTACT INFORMATION</b>			
#1 Name	Relationship	Phone:	
#2 Name	Relationship	Phone:	

Medications being taken? <i>If any <b>prescription medications are being taken, page 3 must be complete as the parent/guardian is legally responsible for the medications and the self-administered of the prescription by the participant.</b></i>		Types of Medications being taken <input type="checkbox"/> Prescription <input type="checkbox"/> Over the Counter	List Medications:
<b>MEDICAL MARIJUANA</b> - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act.			
While the use of medical marijuana has been legalized in the state of Oklahoma, federal law prohibits the use, possession or cultivation of marijuana for any reason on the OSU campus and also prohibits the use and distribution of marijuana for any reason at events authorized or supervised by OSU (which includes programs offered by the Oklahoma Cooperative Extension Service and 4-H).			
History of Allergies or reactions to:	<b>Check ALL Allergies/Reactions</b> <input type="checkbox"/> Medication <input type="checkbox"/> Plants <input type="checkbox"/> Insects/stings/bites <input type="checkbox"/> Other		Explain Allergies/Reactions:
History of Food Allergies?	<b>Check ALL Allergies</b> <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Nuts <input type="checkbox"/> Wheat <input type="checkbox"/> Other		Explain Food Allergies:
Dietary Restrictions or special needs?	Explain Dietary Needs:		
Physical, behavioral or mental health condition that would limit participation in normal activities/projects?	<b>Check ALL that apply</b> <input type="checkbox"/> ADD/HDHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism/Asperger's <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Convulsions <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Other		Explain Condition/Limitation(s):
Do any of the following Medical Assistance apply?	<b>Check ALL that apply</b> <input type="checkbox"/> Dentures/Dental Plate/Partial/Retainer <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Hearing Aid/Implant <input type="checkbox"/> Prosthetic <input type="checkbox"/> Wheelchair/Walker/Cane/Crutches <input type="checkbox"/> Other		Other: (Explain)
<b>AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION</b> Generally, 4-H staff will only have minor first aid supplies at overnight events and will avoid dispensing medications; however, at times a child may become ill and unless we have parental authorization, we cannot administer <u>ANY</u> medications. Below is a list of common OTC medication. By checking a box below, "I authorize that the following medications may be given to Participant if the need arises. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the below indicated over-the-counter medications."			

If Box 1 or 2 is checked, box 3 does not have to be completed.

**Box 1**  Parent/guardian APPROVAL REQUIRED before using any over-the-counter medication.

**Box 2**  ANY over-the-counter MEDICATION LISTED CAN BE USED without parent/guardian approval.

**Box 3**  Program Staff/Extension Educator/Certified Adult 4-H Volunteer/Medical Professional MAY ADMINISTER ONLY THE FOLLOWING OVER-THE-COUNTER PRODUCTS when the need arises.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sunscreen<br><input type="checkbox"/> Bug repellent<br><input type="checkbox"/> Ointments for minor wound care or first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)<br><input type="checkbox"/> Tylenol/Acetaminophen as directed.<br><input type="checkbox"/> Ibuprofen as directed.<br><input type="checkbox"/> Throat lozenges and or spray as directed for sore throat.<br><input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites. | <input type="checkbox"/> Medicated powder for skin irritation as directed.<br><input type="checkbox"/> Calamine lotion for bug bites and poison ivy.<br><input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.<br><input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed.<br><input type="checkbox"/> Milk of Magnesia, Pepto-Bismol or Mylanta for upset stomach or nausea as directed.<br><input type="checkbox"/> Roloids or Tums for acid reflux, heartburn | or indigestion as directed.<br><input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed.<br><input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.<br><input type="checkbox"/> Visine or other eye drops for minor eye irritation.<br><input type="checkbox"/> Swimmer's ear drops as directed.<br><input type="checkbox"/> Robitussin or other cough syrup as directed. |
|---|--|---|

**OTHER** (list any other approved over-the counter medication)

**Authorization, Waiver and Consent for Self-Administration of Prescription Medications**

- This page must be completed in full in order for Participant to self-administer required **prescription medications**.
- Prescription Medication(s) information must be UPDATED prior to any Program/Activity/Event requiring a medical information form to participate.
- **Each** prescription medication, dosage and time of administration must be noted.
- Self-medication of **any narcotic** requires a licensed health care signature on this form.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma or epilepsy may be brought to the 4-H event, program, or trip under the condition that the participant has written authorization to self-manage their care and the consumption/administration of medication.

**Prescription medication must be in its original container labeled by the pharmacist and prescriber. Label must include the name, address and phone number for pharmacist and prescriber's name. Containers must hold only the amount required for the time the participant will be attending the 4-H event.**

I \_\_\_\_\_ (Print full Name of Parent/Guardian) **have legal authority to consent to medical treatment, including the administration of Rx medication for this minor.** Today's Date \_\_\_\_\_

- I accept the responsibility to keep the prescription information current while my child is enrolled in 4-H.  
**Parent/Guardian Initials** \_\_\_\_\_
- I authorize and recommend self-medication by my child for the medications listed on this form.  
**Parent/Guardian Initials** \_\_\_\_\_
- I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. **Parent/Guardian Initials** \_\_\_\_\_
- I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). **Parent/Guardian Initials** \_\_\_\_\_

**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN (as needed), frequency: \_\_\_\_\_ If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?  YES  NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotic.

**Prescriber's Signature necessary only if the medication is a narcotic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LIST ADDITIONAL PRESCRIPTION MEDICATIONS ON THE NEXT PAGE

**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN (as needed), frequency: \_\_\_\_\_ If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?  YES  NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

**Prescriber's Signature necessary only if the medication is a narcotic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN (as needed), frequency: \_\_\_\_\_ If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?  YES  NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

**Prescriber's Signature necessary only if the medication is a narcotic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION**

Medication Name: \_\_\_\_\_ Dose \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Specific Directions (e.g., on empty stomach/with water, etc.): \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_

If PRN (as needed), frequency: \_\_\_\_\_ If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from (date) \_\_\_\_\_ to \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Is the participant capable of self-managed care?  YES  NO

Prescriber's Name/Title: \_\_\_\_\_ Prescriber's Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

**Prescriber's Signature necessary only if the medication is a narcotic:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CODE OF CONDUCT - Rules and Disciplinary Procedures

These guidelines are not "all inclusive", the Extension Service reserves the right to make adjustments to the Code of Conduct.

### Rules Participants and Parents Need to Know:

- I. In seeking uniformity in the conduct expected at each county, district, state, national, and international 4-H event, the following guidelines have been developed.
  - Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, will not be permitted to negatively impact the program experience of others. Most programs are short in duration, so prompt action is required when problems occur.
  - All rules and regulations governing an activity, event or facility use will be discussed with educators, certified volunteers, parents and 4-H'ers prior to or at the beginning of each event.
  - All 4-H'ers are under the supervision of **any** Extension staff or certified volunteer(s) assigned to the event.
  - If the 4-H'er is found in violation of the Code of Conduct and disciplinary action is required his/her parent/guardian will be notified immediately and the 4-H'er may be suspended from participation in county, district, state, national and international 4-H activities and/or membership revoked. As deemed necessary, the appropriate County, District or State 4-H Office will be notified of disciplinary action.
  - Participants dismissed from a program for disciplinary reasons will not receive a refund on any fees paid to attend.
  - If a 4-H'er wishes to appeal the disciplinary action he/she must appeal in writing through their County Extension Office. Appeals must be filed within 30 days following notification of punishment. As necessary, the State 4-H Leader shall appoint an appeal board, no sooner than 30 days following the date of notification of the disciplinary action.
  - Participants are responsible for securing their belongings. Neither Oklahoma State University, nor Extension Staff or certified volunteer, is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables brought to the program are at participants' risk and can only be used at free or other authorized times.
  
- II. The following actions will be considered a **serious** breach in conduct. This is not an all-inclusive list of conduct violations.
 

<ul style="list-style-type: none"> <li>• <b>Misconduct is deemed in violation of a law</b> - The appropriate law enforcement agency will be notified.</li> <li>• <b>Assault or Personal Harm</b> – Inflicting physical or emotional harm on self or others.</li> <li>• <b>Bullying and Harassment</b> – Physical, emotional or electronic harassment/harm against self, fellow participants or staff.</li> <li>• <b>Possession, distribution, sale or use of: illegal drugs/substances; alcoholic beverages; any form of medical marijuana; marijuana by-products; tobacco or vapor products; fireworks; and weapons</b> (does not limit the use of approved sporting arms when and where authorized).</li> <li>• <b>Sexual Misconduct</b> – Engaging in contact of a sexual nature.</li> <li>• <b>Coed Visitation</b> – Coed visitation is permitted only in designated common areas, not in sleeping rooms. It is recognized that circumstances may arise for justifiable</li> </ul>	<ul style="list-style-type: none"> <li>exceptions to this policy. However, in every case, permission for exceptions must be secured from chaperone in advance.</li> <li>• <b>Theft, Misuse or Abuse of Public or Personal Property</b> - Any damages caused by neglect or misuse will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages property. Any individual found tampering with any fire equipment (e.g. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas. All furniture must remain unchanged and kept in place.</li> <li>• <b>Search of Property</b> - If a question regarding any of the above is raised, 4-H member consents to a search of his/her room and/or personal property. Failure to comply will result in violation of the Code of Conduct.</li> </ul>
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- III. The following actions will be considered a breach in conduct. This is not an all-inclusive list of conduct violations.
 

<ul style="list-style-type: none"> <li>• <b>Breaking curfew and/or disturbing the peace</b> - Participants will abide by curfew.</li> <li>• <b>Violating the Dress Code</b></li> <li>• <b>Unexcused Absence</b> from the activities of the event - Participants are to remain on the event site and attend all workshops, classes, and planned social or recreational activities for the duration of the program unless program activities require otherwise. If a participant needs to leave campus or event site, supervising Extension staff or certified volunteer must have prior written approval from the parent or guardian, and agree to grant specific permission.</li> <li>• <b>Unauthorized Use of Vehicles</b> during the event - Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from their supervising extension staff or certified volunteer. While we understand that some participants will drive to the event, our policy is that participants should not be driving during the event. Participants may be asked to turn their car keys in to the supervising staff or certified volunteer for the duration of the program.</li> <li>• <b>Misuse of Technology</b> - Participants must never misuse internet, social media, cell phone or any new technological devices. Accessing or sending unauthorized or inappropriate content is strictly prohibited.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Use of Abusive and Offensive Language</b></li> <li>• <b>Vandalism and Pranks</b></li> </ul>
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***Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks***

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release Oklahoma 4-H, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the above indicted event. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and are not all inclusive. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

I have read and discussed this document in its entirety.

Participant Name _____	Parent/Guardian Name _____
Participant Signature _____	Parent/Guardian Signature _____
Date _____	Date _____

***A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18***