

Medical Release Form for 4-H Youth & Adults

PARTICIPANT INFORMATION

Name: _____ County: _____

Address: _____

Name of Parent or Legal Guardian (YOUTH): _____

Primary Physician: _____ Phone: _____

Dentist: _____ Phone: _____

IN CASE OF EMERGENCY

Primary Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

Alternate Contact: _____ Phone: _____

Relationship: _____ City: _____ State: _____

INSURANCE INFORMATION

Name of Insurance Carrier: _____

Policy Holder: _____ Policy #: _____

DATE OF LAST VACCINE

Tetanus: _____ Polio: _____ Mumps: _____ Measles: _____ Rubella: _____

MEDICAL INFORMATION (Check all that apply & Explain if necessary):

- | | | |
|--|---|--|
| <input type="checkbox"/> Stomach/Intestinal Problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Currently Under Doctor's Care |
| <input type="checkbox"/> Diabetes or Hypoglycemia | <input type="checkbox"/> Allergies to Medications | <input type="checkbox"/> Currently Taking Medications |
| <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Allergies to Food or Plants | <input type="checkbox"/> Physical Restrictions/Medical |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Special Diet/Food Restrictions | Problems that Require Special Care |

Explain any checked above: _____

AUTHORIZATION FOR TREATMENT (YOUTH ONLY):

I, _____ do hereby give permission to: _____

PARENT/GUARDIAN NAME
CHAPERONE NAME

Parent/Guardian Signature: _____ Date: _____

ALL PARTICIPANTS

To the best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/adult) _____ Date: _____

IF YOUTH Parent/Guardian Signature _____ Date: _____

Montana 4-H Permission & Assumption of Risk For Participation in High Risk Activities

Program: 4-H Summer Camp – Gallatin & Park Counties

Date of Program: June 24 – 27, 2019

Participants Name: _____ **County:** _____

Activity Description: Youth ages 8-13 will be led by 4-H Camp Counselors (ages 13-19) with adult supervision in a variety of activities at the 4-H Summer Camp which could include but are not limited to running, hiking, dancing, obstacle course, riding in handmade carts with wheels, etc.

FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University Extension 4-H activity. I agree that I will abide by all Extension 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in safety orientations and/or specified by the course leader(s). I understand the nature of the activities I may participate in may require mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise that requires physical fitness, strength, and stamina.

Participants Signature: _____ **Date:** _____

FOR PARENT(S) OR LEGAL GUARDIAN(S)

As parent(s) or legal guardian(s) of the above-named child, I/we agree to have my/our child abide by directions and safety guidelines. I/we understand the program and activities which are involved, consent to my/our child's participations, and agree to have my/our child abide by all the applicable rules, regulations, and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with activities including but not limited to environmental hazards, transportation accidents, and equipment misuse or failure.

I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program. In consideration of my/our child's being permitted to participate in this 4-H program, I/we hereby assume all the risks associated with participation and necessary travel.

I/we have carefully read to foregoing permission and assumption of risk and sign of my/our own free will and accord.

Printed Name of Parent/Legal Guardian: _____

Signature: _____ **Date:** _____

Printed Name of Parent/Legal Guardian: _____

Signature: _____ **Date:** _____

2019 Gallatin – Park 4-H Camp Code of Conduct

The staff and volunteers of the Gallatin County and Park County MSU Extension Service want you to have a fun and exciting time at camp. To help insure this, they expect each camper to be considerate of others, to participate fully in all programs, and to observe the following rules. Misbehavior may be grounds for dismissal from camp at any time.

- Be pleasant and cooperative at all times.
- Respect supervision at all times. You are responsible to all adults & counselors connected with the camp.
- No electronic devices.
- Fireworks, firearms, illegal drugs, alcohol, tobacco, and any intoxicants of any kind are prohibited.
- Bullying will not be tolerated at any time and may result in immediate dismissal from camp. No fighting!
- Obtain permission before leaving the group for any reason.
- Respect your surroundings. Do not destroy or deface the facilities or in any way damage the scenic beauty of the area.
- Cabins will be kept clean and neat at all times.
- Name tags will be worn at all times.
- Respect the privacy of others. Boys will not be permitted in girls' cabins, nor will girls be permitted in boys' cabins.
- Attendance at all camp sessions is required; please be on time.
- Campers will be expected to have proper attire & footwear for all activities that they participate in.
- Report all injuries, big or small, including not feeling well, immediately to our nurse and/or camp directors so we can take care of you!
- Violation of any of these rules is grounds for immediate dismissal and forfeiture of all fees. Parents will be promptly notified along with the county agent. Any campers who are dismissed must call a parent or guardian to arrange transportation home.
- Remember there is not a rule for every situation, but there is always common sense. Please try to exercise it.

I have read the code of conduct and agree to follow the rules.

Camper's Signature: _____ **Date:** _____

As the parent or guardian of _____, have read and support the code. I give my permission to the staff in charge to administer it.

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

A Letter to My Child's Counselor

To be completed by parent or guardian. Only your child's counselor, camp directors & Extension staff will have access to this form. Feel to add additional comments to the back of this form if more space is needed.

Camper Name: _____ Nickname: _____

This is my child's _____ year at 4-H Camp: Luccock Camp- Livingston, MT

I want them to attend camp because: _____

While at camp, I hope they will: _____

My child is a: Strong Hiker Fair Hiker Not yet a Hiker

My child is most happy when: _____

My child is most unhappy when: _____

My child is enthusiastic about: _____

My child is not fond of: _____

My child might be afraid of: _____

My child's peer interactions are: _____

My child has been diagnosed as having some special needs such as learning disabilities, emotional or behavioral problems. ___No ___Yes, you can best support them by: _____

My child will be taking medications at camp: ___No ___Yes

My child has the following dietary needs: ___No ___Yes

If my child were to become homesick, I would suggest: _____

A significant event in my child's life recently that you need to be aware of is (i.e. loss of a loved one, illness, change in living situation): _____

Any further comments, hopes, suggestions or concerns: _____
