



# Kansas 4-H Participation Form



**K-STATE**  
Research and Extension

**Note:** This 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 (for example: 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 with blue or black ink to allow for photocopying.

Name \_\_\_\_\_ County/District \_\_\_\_\_  
 Last First  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_ Age  Youth  Female  
 City \_\_\_\_\_ KS Zip \_\_\_\_\_ MM/DD/YY  Adult  Male  
 E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone HWC \_\_\_\_\_ Phone HWC \_\_\_\_\_  
 Emergency Contact #2 \_\_\_\_\_ Phone HWC \_\_\_\_\_ Phone HWC \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

## VOLUNTARY HEALTH HISTORY

Reporting conditions will not prevent a person from attending and will be kept confidential.

Please indicate "Yes" or "No" to the following conditions related to the participant.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1) Asthma .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Auto Immune Disease.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Seizures/Convulsions .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Hypoglycemia .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Hypertension .....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Migraines .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Stroke History .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Wear Glasses/Contact Lenses.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Penicillin Allergy .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Aspirin Allergy .....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Other Drug Allergies .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Food Allergies .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Serious Insect Stings .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Serious Ivy, Oak or Sumac Poisoning    | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Other Serious Allergies or Reactions.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Current Special Dietary Needs.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Other Conditions .....                 | <input type="checkbox"/> | <input type="checkbox"/> |

**Please explain "Yes" answers** and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary needs, current medications, any specific activities to be restricted and other comments. Attach an additional sheet of paper, if necessary.

What else should we know about your child? 4-H programs include very rewarding, but sometimes challenging, situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health so we can help your child participate in 4-H. Attach an additional sheet of paper, if necessary.

Date of Last Tetanus Shot \_\_\_\_\_

The following over-the-counter medications may be administered to my child, without contacting me.

- Antihistamine (Benadryl)  Antacid  Ibuprofen (Advil)  Acetaminophen (generic, Tylenol)  
 Decongestant  Dramamine  Hydrocortisone  Polysporin (topical antibiotics)

Please contact me for permission to administer any over-the-counter medications.

## PUBLICITY RELEASE

I authorize K-State Research and Extension and Kansas 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of K-State Research and Extension and/or Kansas 4-H Foundation.

No, I do not authorize use of my – or my child's – individual image or voice.

### EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in program evaluations is voluntary and that I and my child may choose not to participate and may withdraw from evaluations without impact on my or my child's eligibility to participate in the 4-H program.
- I understand that I or my child may be asked for consent before completing an evaluation.

**No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.**

### KANSAS 4-H CODE OF CONDUCT

As a participant in the Kansas 4-H program, you have the responsibility of representing Kansas 4-H to the public. You are expected to conduct yourself in a manner that will bring honor to you, your family and 4-H. To do that, you must:

- 1) Conduct yourself and your project work in a manner that is trustworthy, respectful, responsible, fair, caring and in good citizenship.
- 2) Be responsible for your actions by following the rules and being accountable. This includes being in assigned program locations/sessions, abiding by deadlines, times and housing arrangements. If you are unable to participate or need assistance, notify those in charge of the event/program.
- 3) Treat yourself, other people, animals and property with respect, using good manners, dressing appropriately and by not using profanity. You will be personally responsible for any damage caused as a result of your behavior.
- 4) Know that the use of tobacco, alcohol, and non-prescribed drugs by youth is illegal.
- 5) Demonstrate caring for people other than yourself. Know that harassment of any type is illegal and prohibited at all 4-H events.
- 6) Be a good citizen by participating fully, and helping those around you have positive experiences.
- 7) Use technology and social media in safe and appropriate ways for the good of 4-H Youth Development programs.

*MEMBERS: I have read the Code of Conduct above and agree to abide by these expectations. I realize my failure to do so could result in a loss of privileges during events and/or in the future, including the loss of the ability to participate in 4-H.*

*ADULTS: I have read the Code of Conduct above as well as the Kansas 4-H Volunteer Code of Ethics in the Volunteer Information Profile (VIP) and agree to abide by the expectations of both. I realize my failure to do so could result in a loss of privileges during events and/or in the future, including the loss of the ability to participate in 4-H.*

Participant Signature  \_\_\_\_\_ Date \_\_\_\_\_

### VERIFICATION

I, \_\_\_\_\_ (parent/guardian or adult participant) understand that, if a serious illness or injury develops in a participant, emergency medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that no insurance is provided and that I will be responsible for the cost of medical services.

I have read, understand, and agree to the Kansas 4-H Code of Conduct, Kansas 4-H Volunteer Code of Ethics (for adult participants), Publicity Release, and Evaluation Release.

I hereby release Rock Springs 4-H Center, the Kansas 4-H Foundation, local Extension Councils and Districts, Kansas State University, the State of Kansas, and their agents, officers and employees, from all claims, demands, and causes of action of any kind (up to and including death), including claims of negligence, that may arise from participation of me or my minor child in any Kansas 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities, including activities that involve horses, provided by the Rock Springs 4-H Center and being allowed to participate.

Parent/Guardian or Adult Participant Signature  \_\_\_\_\_ Date \_\_\_\_\_



**Kansas State University Agricultural Experiment Station and Cooperative Extension Service**

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