

Medical & Media Release Form



Participant Name: _____
County of 4-H Participation: _____ **Program Year:** July, 2016

Instructions: This two-page form is required for participation in Michigan State University Extension 4-H youth programs. Each section requires a separate authorization.

SECTION 1- Required

Michigan 4-H Code of Conduct

Participation in Michigan State University W.K. Kellogg Biological Station and MSU Extension 4-H youth program is subject to the observance of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in (at his or her own expense) or the entire county 4-H program. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the MSU Extension staff.

Michigan 4-H members will:

- Show respect for, and cooperate with, fellow members, volunteers and staff.
- Follow 4-H policies and procedures when participating in any 4-H sponsored event.
- Under no circumstances, commit or threaten violence toward any individual, group or the program.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension 4-H youth activity or event.
- Under no circumstances, attend or participate in an MSU Extension 4-H youth activity or event under the influence of alcohol and/or controlled substances including tobacco, electronic cigarettes, etc.
- Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension 4-H youth activity or event.
- Abstain from harassment or bullying of another participant, volunteer or staff member (either in face to face interactions, through social media or other communication venues), particularly when the behavior is disrespectful as regards a person's gender, race, age, sexual orientation, religion, national origin, disability or appearance.
- Not cheat or falsely represent efforts related to 4-H project activities.

I have read and I understand the Michigan 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

Participant Signature: _____ **Date:** _____

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

Parent/Guardian must sign if participant is under 18.

SECTION 2- Required

Evaluation Acknowledgement

As a participant in the Michigan State University W.K. Kellogg Biological Station and MSU Extension 4-H youth program, your child may be asked to help with the evaluation of the program. Your child may be asked to complete a short survey about what he/she learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office.

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

Participant must sign if over 18.

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SECTION 3- Required to Complete, Authorization is Optional **Media Release**

I authorize Michigan State University W.K. Kellogg Biological Station and MSU Extension 4-H youth program to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

_____ I do authorize. _____ I do not authorize.

Parent/Guardian Signature: _____ **Date:** _____
Participant must sign if over 18.

SECTION 4- Required **Medical Information**

Participant's full legal name: _____
Birth date: _____ Phone: _____
Parent phone home: (_____) _____ Parent phone work: (_____) _____
Parent phone cell: (_____) _____
Mailing address: _____
Primary care physician's name: _____ Physician's phone: (_____) _____
Physician's address: _____

INFORMATION NEEDED ABOUT PARTICIPANT (Required):

Yes No If yes, please list/explain below. Attach additional sheets if needed.

- Does the participant have any chronic health problem or illness?

- Does he or she have any acute illness now?

- Has the participant been treated recently for some medical problem?

- Is the participant taking any medications for treatment of a medical problem?

- Does the participant have any allergies to medication or local anesthetics?

- Does he or she have any allergies?

Please disclose any other disabilities or special needs your child has, that could affect their ability to have a positive experience.

Date of child's last tetanus shot: _____

HEALTH INSURANCE INFORMATION (Strongly Encouraged):

Policy holder's name and relationship to participant: _____
Policy holder's address: _____
Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:
Insurance company phone number: (_____) _____
All policy numbers (please identify): _____
If you have HMO insurance, please list emergency treatment authorization phone number: (_____) _____
Employer's name and address: _____

SECTION 5- Required

Official Medical Treatment Authorization

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent/Guardian Signature: _____ **Date:** _____
Participant must sign if over 18.

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