



Alabama Cooperative Extension System

Youth Consent Form *(Confidential)*

All items on this form **must be completely filled out by the participant and his/her parent or guardian.** Put N/A if a question does not apply to you. The youth will not be able to participate in Extension youth development activities if this form is not completed in its entirety.

Youth's Name

Last First

Birth Date (MM/DD/YR): ____/____/____

Age: _____ Male: _____ Female: _____

Address: _____

City

State Zip Code

Home Phone: (____) _____

Family E-mail: _____

Cell Phone: (____) _____

Name & Phone of Emergency Contacts:

Youth Physician: _____

Health Insurance Co: _____

Name of Insured: _____

Publicity Release

I authorize the Alabama Cooperative Extension System (Extension) to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational, and promotional programs, and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to, Extension or its assignee. I also recognize that these audio and video recordings and images are the property of Extension.

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

Note: This form is valid for one year. Please update all medical or other information as needed.

Youth Health History

Please check yes or no as to whether the teen has ever experienced any of the following:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear infection	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
Serious insect stings	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>
Wear contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Other conditions	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin allergy	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin allergy	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus allergy	<input type="checkbox"/>	<input type="checkbox"/>
Other drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
Serious ivy, oak or sumac poisoning	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tetanus shot: ____/____/____

Please explain "yes" answers and provide current medication information, recent medical issues, including injuries and surgeries, allergic reactions, special dietary regulations, and any specific activities to be restricted, and other comments.

Below are over-the-counter medications that may be administered to the child without contacting me:

Ibuprofen (Advil)	<input type="checkbox"/>
Pepto-Bismol	<input type="checkbox"/>
Hydrocortisone	<input type="checkbox"/>
Acetaminophen (Tylenol)	<input type="checkbox"/>
Antihistamine	<input type="checkbox"/>
Decongestant	<input type="checkbox"/>
Baby Aspirin	<input type="checkbox"/>
Polysporin (Antibiotic cream)	<input type="checkbox"/>
Antacid	<input type="checkbox"/>

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



Alabama Cooperative Extension System

Youth Development Code of Conduct

- I will attend all planned program sessions and will exhibit good character and behavior such as trustworthiness, responsibility, respect, caring, citizenship, and fairness.
- I recognize that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms except when supervised by adult chaperones.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will dress appropriately, use appropriate language, and value the rights of others.
- I will neither use alcohol, drugs, or tobacco, nor remain in the presence of anyone using them.
- I will not behave recklessly; engage in sexual misconduct; assault, threaten or harm another person; or abuse public or private property.
- When I have access to Extension computers, I will use the computer for educational purposes and will not access inappropriate websites.
- I recognize these guidelines are not "all inclusive" and that the Alabama Cooperative Extension System may adjust these policies.

MEMBER: I have read the Youth Development Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).

Signature

Date

Survey & Evaluation Release

I give permission **for my child** (under 19 years of age) and give consent **for myself**, as a parent or guardian, to complete surveys or evaluations that will be used to promote or determine program effectiveness. I understand completing surveys and/or evaluations is voluntary, and that my child and I may elect not to complete surveys/evaluations without impacting program participation. I understand that I or my child may be asked for consent before completing a survey or an evaluation.

No, I do not wish to participate or allow my child to participate in any program evaluation(s).

Signature

Date

Verification

I, _____,
(Name of Parent or Guardian)

in consideration of the services, programs, and activities provided, acknowledge that I have been given the opportunity to fully ask for information concerning any foreseeable risks involved and will instruct my minor participant(s) that prior to participating he or she should inspect the facilities and equipment to be used. Further, I release, waive, discharge, and covenant not to sue the youth development program, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A&M University, the state of Alabama, its affiliated organizations, their respective administrators, directors, agents, and any individual employee(s) of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct any related services, activities, and/or programs all of whom are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent or Guardian Signature

Date

Youth Signature

Date

Note: This form is valid for one year. Please update information as needed.

Rev. 05/09



Alabama Cooperative Extension System

Adult Medical Form (Confidential)

All items on this form **must be completely filled out**. Put N/A if a question does not apply to you.

Adult's Name

Last _____ First _____

Birth Date (MM/DD/YR): ____/____/____

Male: _____ Female: _____

Address: _____

City _____

State _____ Zip Code _____

Home Phone: (____) _____

Family E-mail: _____

Cell Phone: (____) _____

Name & Phone of Emergency Contacts:

Adult Physician: _____

Health Insurance Co: _____

Name of Insured: _____

I understand that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery 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 I will be responsible for the cost of service or treatment. I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A&M University, the state of Alabama, its affiliated organizations, their respective administrators, directors, agents, and any individual employee(s) of the organizations from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from my participation in an Extension-sponsored activity, and this release is specifically granted in consideration of the services, programs, and activities.

Signature _____ Date _____

Adult Health History

Reporting a health condition will not prevent you from participating in this program and will be kept confidential.

Please check yes or no if you have ever experienced any of the following:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear infection	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
Serious insect stings	<input type="checkbox"/>	<input type="checkbox"/>
Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>
Wear contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
Other conditions	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin allergy	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin allergy	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus allergy	<input type="checkbox"/>	<input type="checkbox"/>
Other drug allergies	<input type="checkbox"/>	<input type="checkbox"/>
Food allergies	<input type="checkbox"/>	<input type="checkbox"/>
Serious ivy, oak or sumac poisoning	<input type="checkbox"/>	<input type="checkbox"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>

Date of last tetanus shot: ____/____/____

Please explain "yes" answers and provide current medication information, recent medical issues, including injuries and surgeries, allergic reactions, special dietary regulations, and any specific activities to be restricted, and other comments.

Note: This form is valid for one year. Please update all medical or other information as needed.