



Alabama 4-H Youth Consent Form



[This box to be completed by ACES Staff]

County: _____ Date of Receipt by County: ____ / ____ / ____

All items on this form **must be** completely filled out by the participant and his or her parent or guardian. If an item is **not applicable** or there is **none**, indicate that by using **N/A** or **None** (for example: *no Family Doctor*). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

Youth's Name: _____
Last First

Age: _____ ☐ Female ☐ Male Birth Date: ____ / ____ / ____
Month Day Year

Home Address: _____
City State ZIP

Home Phone: (____) _____ Phone: (____) _____

Parent/Guardian Work Phone: (____) _____ Phone(s): _____

Family Email: _____

Primary Emergency Contact: _____

Alternate Emergency Contact: _____

Youth's Doctor: _____

Phone: (____) _____

Health Insurance Co: _____

Policy #: _____

Name of Insured: _____

Relationship to Participant: _____

**ATTACH A PHOTOCOPY
OF YOUR INSURANCE CARD**

Health History

Does the youth have – or has ever had – any of the following? Check **Yes** or **No** to each item.

Please explain any **Yes** answers (noting the number of the item) in the space provided **or on additional paper**. Reporting a health condition will not prevent you from participating and will be kept confidential.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convulsions | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ear Infection | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fainting | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hypoglycemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Serious Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Wear Glasses | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Wear Contact Lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other Conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Penicillin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Aspirin Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Tetanus Allergy | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Other Drug Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Food Allergies | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Serious Ivy, Oak, or Sumac Poisoning | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Other Allergies | <input type="checkbox"/> | <input type="checkbox"/> |

Date of Last Tetanus Shot: ____ / ____ / ____

Please explain **Yes** answers and provide information on **present medications**, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted, and other comments.

These over-the-counter medications or generic equivalents may be administered to my child without contacting me:

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

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

Alabama 4-H Youth Code of Conduct

- I will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship, and fairness.
- I will value the rights of all others. As a 4-H member, I am committed to the policies of the Alabama Cooperative Extension System, Auburn University and Alabama A&M University.
- I will act and speak respectfully. I will not use language that belittles others or is disrespectful of individual differences.
- I will dress appropriately. Apparel including accessories must not have pictures or wording involving nudity, sex, weapons, violence, drugs, alcohol, or tobacco.
- I will not wear or use apparel, accessories, and equipment featuring culturally or racially insensitive images. These violate 4-H values of respect, fairness, and caring and will not be permitted.
- I will attend all sessions of planned programs.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will not 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 computers at Extension facilities, I will use the computer for educational purposes and will not access inappropriate websites.
- I recognize that these guidelines are not all inclusive and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth 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).*

4-H Member Signature: _____

Date: _____

Publicity Release

- ☐ I authorize Alabama 4-H or its assignees 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 Alabama 4-H or its assignee. I also recognize that these audio, video, and image recordings are the property of Alabama 4-H.
- ☐ No, I do not authorize use of my or my child's individual image or voice.

Verification

I, _____
(parent/guardian)

understand that participants will be supervised and 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 for me or my child 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 as a parent/legal guardian, I will be responsible for the cost of service or treatment.

4-H Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

I have read and understand the Alabama 4-H Youth Code of Conduct, Publicity Release and Survey & Evaluation Release.

4-H Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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 Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A&M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers, and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs, and activities.

4-H Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Survey & Evaluation Release

- ☐ I hereby give permission for my child (under 19 years of age) and give consent for myself, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or 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 a survey or an evaluation.
- ☐ No, I am not willing to participate or give permission for my child to participate in any program evaluation.