

# Louisiana 4-H Overnight Event Permission/Health Form

To be completed and signed **before** the event. The participant **MAY NOT** register without a health form.



Event or Activity \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First, MI, Last)

Address \_\_\_\_\_  
Street or PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parish \_\_\_\_\_

Parent/Guardian (for youth) Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: Office \_\_\_\_\_ Alternate \_\_\_\_\_

Health Insurance Company Name & Address: \_\_\_\_\_

Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Name of Insured: \_\_\_\_\_

**Emergency Contacts:**

1) **Name:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2) **Name:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Health History:**

List all known drug allergies/allergies: \_\_\_\_\_

Is there past or present history of the following? Check all that apply.

	Yes	No		Yes	No
Appendicitis	_____	_____	Joint/back or limb pain	_____	_____
Allergies/Sinus problems	_____	_____	Arthritis or other conditions	_____	_____
Asthma/persistent cough	_____	_____	Kidney or liver disease	_____	_____
Bedwetting	_____	_____	Menstrual problems	_____	_____
Bleeding disorder	_____	_____	Nervous condition/depression	_____	_____
Convulsions/fainting	_____	_____	Nose problems	_____	_____
Diabetes/hypoglycemia	_____	_____	Physical disability	_____	_____
Epilepsy/convulsion/fainting	_____	_____	Poison ivy/oak/sumac rash	_____	_____
Eye/ear problems	_____	_____	Recent surgery/injury	_____	_____
Frequent ear infections	_____	_____	Serious illness	_____	_____
Gall bladder problems	_____	_____	Serious injury	_____	_____
Heart defect/disease	_____	_____	Skin/gland problems	_____	_____
Hernia	_____	_____	Sleepwalking	_____	_____
Hypertension	_____	_____	Stomach/bowel problems	_____	_____
Hyperactivity/ADD/ADHD	_____	_____	Tuberculosis	_____	_____
Infectious disease	_____	_____	Ulcers (stomach/intestines)	_____	_____
Insect stings*	_____	_____	Urinary problems	_____	_____

\*Localized redness/swelling does not constitute an insect allergy. Body-wide rash, swelling, and difficulty breathing does not constitute an insect allergy (anaphylaxis).

Explain any "Yes" items and list any other problems, including the diagnosis, date of injury or illness, hospital, length of hospitalization, name of doctor, etc. List any exposure to infectious disease in the two weeks prior to event.

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(Attach an additional page if extra space is needed for explanation)

**Immunization Dates:** (*must be current*): Tetanus \_\_\_\_\_ Hepatitis \_\_\_\_\_

**Special Restrictions:**

Chronic or recurring illness and treatment which may be needed \_\_\_\_\_

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*\*Dietary modifications require physician's written instructions given to 4-H staff two (2) weeks before the event.*

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**Statement of Health:**

To my knowledge, my child has no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my child's health as (*please circle one*)

POOR      FAIR      GOOD      EXCELLENT.

My child has no contagious or communicable diseases and has not had any illnesses within 30 days that would preclude him/her from participating in this event. If my child does have any health problems or illness, please explain in the space provided on page one.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Insurance Information:**

LSU AgCenter ensures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

*It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age or disability.*



## Parent Permissions Page

(Required For All Youth Attending 4-H Events)

PERMISSION FOR: \_\_\_\_\_  
*First, MI, Last* *Parish*

**Parent/Guardian Authorization for Medical Care:**

I, the undersigned parent/guardian, understand that although the 4-H staff closely supervises the participants, the 4-H staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary, it will be available on site or at a nearby medical facility, should the injury or illness require such response. I permit the physician to order x-rays, routine tests and treatment for the health of my child, and in the event, I cannot be reached in an emergency, I permit to secure proper treatment for my child.

I (Parent) permit the Camp Nurse to administer the over the counter medications listed below while my child is at camp.

For 4-H events **not** held at the camp, I permit authorized 4-H personnel to administer any over the counter medication that is available. Please note that 4-H events **not** held at camp may not have all the medications listed below.

All over the counter medication is dispensed according to the directions on the package unless a signed physician's note indicates otherwise. Circle any medication(s) you do **NOT** want to be administered to your child.

- |                                   |                           |                               |                         |
|-----------------------------------|---------------------------|-------------------------------|-------------------------|
| Acetaminophen                     | Children's Advil Liquid   | Hydrocortisone cream          | Swimmer's Ear           |
| Advil Jr.                         | Children's Motrin Liquid  | Ibuprofen Jr.                 | Sinus Medicines         |
| Antibiotic ointment               | Children's Tylenol Liquid | Ibuprofen                     | Sore throat spray       |
| Antihistamine liquid/tablets      | Children's Claritin       | Gas relief tablets            | Sting relief spray      |
| AZO                               | Contact Solution          | Lanacane                      | Triple antibiotic spray |
| Bayer                             | Imodium                   | Midol                         | Tums                    |
| Benadryl Allergy (liquid/tablets) | Dramamine                 | Milk of Magnesia              | Tylenol                 |
| Calamine lotion                   | Eardrops                  | Pamprin                       | Zantac                  |
| Cepacol                           | Gold Bond Spray           | Pepto-Bismol (liquid/tablets) |                         |

Please list below any restrictions your child may have with over the counter medication.

\_\_\_\_\_

Membership and participation in activities and events are open to all citizens without regard to race, color, nationality, origin, gender, religion, age, veteran status, or disability. If your child has a disability that requires special accommodations for a 4-H event, please contact your parish 4-H agent one month before the event.

Person(s) designated to take child from event: \_\_\_\_\_

Person(s) not permitted to take child from event: \_\_\_\_\_

**By my signature below, I am verifying that all the above information is true and accurate.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Parent Consent for Administration of Medication

(Required For All Youth Attending 4-H Events)

Please give my child: \_\_\_\_\_  
(First, MI, Last) Parish

the medication(s) listed below as ordered by Dr. \_\_\_\_\_  
(Name of Physician)

1. The Camp Nurse, or authorized 4-H personnel, will administer medication.
2. All medication is given to the 4-H personnel by a parent or guardian before departure for an event.
3. All prescription medication is to be prescribed by a physician.
4. All prescription medication must be in the original container with a label from the pharmacy showing the name of the medication, dosage, date last filled (must not be expired or expire during the 4-H event), child's name, and how often to administer the medication.
5. All medication (prescription **and** over the counter) **must be in its original container** and put inside a Ziploc bag with the child's name and parish written on the outside of the bag.
6. Over the counter medication must be unopened and in the original package when given to the parish 4-H agent. All over the counter medication will be administered according to the directions on the package, unless a signed physician's note indicates otherwise.
7. We require that you send only the amount of medication needed for the duration of the 4-H event.
8. **If your child does not require any prescription medication at camp, or at any other related 4-H events, please write "NO MEDICATION" at the top of the page.**

Name of medication as written on bottle	Dosage (in milligrams- mg)	Times to be administered (AM/PM)
<i>Example:</i> Methylphenidate Hydrochloride (Ritalin)	20 mg.	One tablet a day - AM

I certify that the Louisiana State University AgCenter has my permission for my child to receive the medication(s) listed above during 4-H youth events.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or Guardian Address, City, State and Zip Code

\_\_\_\_\_  
 Home and/or Cell Phone Number

\_\_\_\_\_  
 Work Phone Number



## Code of Conduct for 4-H Events (Youth)



Rules and regulations governing 4-H events will be discussed by agents and leaders with 4-H'ers before the event.

4-H'ers are under the supervision of all Extension personnel and other adults helping with the event. Each club member will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for sending 4-H'ers home at their parents' expense and may be grounds for suspension in district, regional and state events for up to 12 months.

- Possession or use of illegal drugs, alcoholic beverages, tobacco products, pocket-hunting knives, fireworks or firearms.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages).
- Disrespect for the authority of agents, leaders and specialists (such as failing to follow specific rules or instructions for the event or using abusive language).
- Unauthorized absence from the premises of the event.
- Unauthorized use of vehicles during the event.
- Unauthorized possession of firearms and other weapons.
- Breaking curfew or disturbing the peace (for example, being late for dormitory checks or disturbing others after lights out).
- Unauthorized presence in the room of a member of the opposite gender without permission of agent or leader.

Realizing these guidelines are not all-inclusive, the LSU AgCenter reserves the right to adjust these policies. Decisions on discipline will be the responsibility of the Extension agent(s) supervising the event in consultation with others designated as supervisors.

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Date

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Signature of 4-H'er

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Signature of Parent/Guardian

## **Responsibilities and Code of Conduct For 4-H Camp Counselors**

Counselors are under the supervision of all Extension personnel and other adults helping with the events. Each counselor will be expected to participate fully in all programs and uphold exemplary standards of behavior. As a camp counselor, I understand my responsibilities and what is expected of me as a counselor. I also know I am to serve in a leadership role to the younger youth attending camp. My responsibilities include:

- Help campers get to know each other.
- Help campers feel a sense of belonging to the group.
- Making time to listen to campers' problems and concerns. (This includes homesickness, relationship problems, etc.).
- Attending all classes with my group or assigned teaching task and encourage camper to be attentive to the instructor.
- Setting a good leadership example for the campers, and understanding that serving as a counselor will take all of the available time at camp.
- Encouraging all campers to participate in **all** camping activities.
- Assisting the 4-H faculty, volunteer leaders and camp staff with other tasks as required.
- Checking role of my group at the morning and afternoon assemblies and during meal line-up.
- Sitting with my group during assemblies.
- Understanding that I will assist the Agents in promoting good discipline, but that the Agents will serve as the disciplinarian. I will report all problems to the Agents in charge.
- Understanding that no horseplay or initiations are allowed.

The following are grounds for sending camp participants (campers and counselors) home at their parents' expense and may be grounds for suspension in and out of parish events for up to 12 months.

- Disrespect for the authority of LSU AgCenter faculty, volunteer leaders and summer camp staff. (such as failing to follow specific rules or instructions for the event or using abusive language).
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages).
- Breaking curfew or disturbing the peace (for example, being late for cabin checks, sneaking out of cabins, or disturbing others after lights out).
- Smoking, gambling, profanity, and possession or use of illegal drugs or alcoholic beverages is prohibited.
- Unauthorized possession of firearms or possession of weapons is strictly prohibited.
- Participating in horseplay or initiation activities.

- Subject matter discussed with or around campers should be appropriate and not offensive.
- Unauthorized absence from the premises of the event.
- Hitting or physical abuse.
- Unauthorized use of cell phones.

Realizing these guidelines are not all-inclusive, the Louisiana Cooperative Extension Service reserves the right to adjust these policies.

Decisions on discipline will be the responsibility of the Extension personnel supervising the event in consultation with others designated as supervisors.

If a camp participant is found in violation and is sent home at the parents' expense, the Extension personnel in charge will notify the parents. They will then call the respective regional 4-H Coordinator and Parish Chairperson. Recommendations for suspension from participation in events conducted in and out of parish will be subject to approval by the Director of Extension.

I agree to abide by the Responsibilities and Code of Conduct for 4-H Camp. I pledge to practice the six pillars of the CHARACTER COUNTS! program while at camp. The six pillars represent trustworthiness, respect, responsibility, fairness and citizenship. I understand that I must be on my best behavior while representing myself, my parents, my school, and my parish while at 4-H Camp.

\_\_\_\_\_  
4-H Member Signature

\_\_\_\_\_  
Parents/Guardian Signature

\_\_\_\_\_  
Date

I have reviewed this information with the camp counselor.

\_\_\_\_\_  
4-H Agent Signature

**4-H Agent must have this form signed by both the 4-H member and a parent/guardian prior to departing for 4-H Camp.**



## Code of Conduct for 4-H Events (Adult)



Rules and regulations governing 4-H events will be discussed by staff and leaders before the event.

Extension personnel are in charge of ensuring that adult 4-H Events run smoothly and that all participants have a positive experience. Each Adult Volunteer will be expected to participate fully in all programs and uphold exemplary standards of behavior.

The following are grounds for the dismissal of a volunteer from an event and may be grounds for suspension in district, regional and state events for up to 12 months.

- Possession or use of illegal drugs, alcoholic beverages in the presence of minors, and tobacco products in the presence of minors.
- Misuse or abuse of public or personal property. (Individuals responsible will also be required to pay for damages).
- Disrespect for authority of professional staff, deformation of character of professional staff, or open/damage criticism of the LSU AgCenter event without speaking to the 4-H LSU AgCenter Professional in charge. (Failing to follow specific rules or instructions or using abusive language).
- Absence from the premises of the event without notifying the lead professional – in case of emergencies.
- Unauthorized use of AgCenter vehicles during the event.
- Unauthorized possession of firearms and other weapons.
- Disturbing the peace.
- Unauthorized presence in a room of another volunteer.
- To communicate with fellow adults and youth in an appropriate manner with no profanity, cursing, or abusive language in all forms of communication, including social media.

Realizing these guidelines are not all-inclusive, the LSU AgCenter reserves the right to adjust these policies. Decisions of discipline will be the responsibility of the Extension professional staff supervising the event in consultation with others designated as supervisors.

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Date

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Signature of Volunteer



# LSU AgCenter 4-H Youth Development



## ANNUAL HOLD HARMLESS PARTICIPANT WAIVER & RELEASE FORM

I understand that I hold *the LSU AgCenter, the 4-H Youth Development Office, State 4-H Foundation (collectively, "Louisiana 4-H"), LSU Foundation, the Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, State of Louisiana, State Department, Agency, Board or Commission or authorized driver thereof, and any affiliated entity, their officers, agents, employees and volunteers (collectively referred to as "Released Parties")* harmless from any and all liability or claims, which may arise out of or in connection with participation in this activity, contest, event or trip. I release from all liability for damages arising out of personal injury to participant (including death) or any damage to property whether from anyone's negligence or not, or any other cause arising out of *my participation in any and all 4-H Youth Development Activities*. I will keep *the Released Parties* by this agreement free of any damages or costs, including but not limited to attorney's fees that may arise from any claims.

I fully understand that participants are to abide by all rules and regulations, INCLUDING WEARING ANY NECESSARY AND APPROPRIATE SAFETY EQUIPMENT, governing conduct during the activity, contest, event or trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian. Misconduct, which includes but is not limited to any drug or alcohol use at the activity, contest, event, or trip, during competition or in activities or locations related to or surrounding the event, may disqualify a participant or the participant's team from awards or further participation. Should any misconduct come to *Louisiana 4-H's* attention, the matter will be investigated as *Louisiana 4-H* deems appropriate. Any decision and sanction as to appropriate action due to misconduct is at the sole discretion of the *Louisiana 4-H*, and is final. The participant accepts this requirement as well as all other conditions of the program.

I acknowledge that I may be a passenger in, a state-owned vehicle or a vehicle rented (including travel by air), lease or otherwise made available to the *Released Parties*. I acknowledge being transported in, a vehicle is a potentially dangerous activity. I fully realize the physical risks involved, and further acknowledge that this risk, and the danger associated with this activity, is obvious to all persons. I nevertheless willingly and voluntarily be transported in, said vehicle and expressly accept the risks inherent therein.

I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof. This form must be completed and signed before participants are eligible in the 4-H Youth and Family Development Office and the Louisiana 4-H Foundation sponsored activity, contest, event, or trip. I have read, understand and agree to comply with the information in this document. (Parent or guardian must sign for those under the age of 18.) Hold Harmless Participant Waiver & Release Form shall be considered valid for a period of one (1) year from the date of signature.

Participant Name		Parent / Guardian Name	
Participant Signature	(if participant is age 18 or above)	Parent / Guardian Signature*	(if participant is below age 18)
Home Address		Parish	
Home City, Zip		Phone Number	

\*I am fully authorized and empowered to sign this agreement