COOPERATIVE EXTENSION
COLLEGE OF AGRICULTURE
TENNESSEE STATE UNIVERSITY

4-H YOUTH DEVELOPMENT
UTEXTENSION
INSTITUTE OF AGRICULTURE
THE UNIVERSITY OF TENNESSEE

F600-A

Activity and Event Acceptance Form

Photo of Participant

Please print

Name _____
(Last) *(First)* *(M.)*

County _____

This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.

A. Identification of Participant

Date of Birth _____ Age _____ Sex: ☐ Male ☐ Female

Parent or Guardian _____ Email _____

Home Address _____
(Street/P.O. Box) *(City)* *(State)* *(ZIP)*

Cell Phone (____) _____ Daytime Phone (____) _____ Nighttime Phone (____) _____

Workplace Address _____ Phone (____) _____
(Address/City/State/ZIP)

Other Emergency Contact (if appropriate) _____
(Name)

_____ (____) _____
(Address/City/State/ZIP) *(Phone, if different than above)*

B. Code of Conduct

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
B. Participants shall participate fully in all programs outlined for the activity or event.
C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone ( ) _____

Family Medical/Hospital _____ _____

(Carrier) *(Policy or Group #)*

Attach a front and back copy of your insurance card below:

Insurance Card (front)	*Insurance Card (back)*

Check all that apply

Is participant allergic to the following drugs?:

☐ Penicillin ☐ Sulfa Drug ☐ Tetracycline ☐ Aspirin

☐ Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

☐ Asthma ☐ Heart Trouble ☐ Nosebleeds ☐ Diabetes ☐ Convulsions ☐ Fainting Spells

☐ Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: ☐ Dentures ☐ Contact Lens ☐ Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? ☐ Yes ☐ No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? ☐ Yes ☐ No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	☐	☐	_____	Appendicitis	☐	☐	_____
Surgery	☐	☐	_____	Kidney Infection	☐	☐	_____
Ears, Eyes	☐	☐	_____	Back, Joints, Limbs	☐	☐	_____
Teeth, Tonsils	☐	☐	_____	Blood Disorders	☐	☐	_____
Rheumatic Fever	☐	☐	_____	Stomach	☐	☐	_____

Immunizations	Last Yr. Given	**Immunizations**	Last Yr. Given	**Has Had** *(please check)*
Tetanus	_____	Measles	_____	☐ Measles
Diphtheria	_____	Mumps	_____	☐ Mumps
Polio	_____	Rubella	_____	☐ Rubella
Hepatitis A, B or C *(circle one/any)*	_____	Varicella	_____	☐ Chicken Pox
				☐ Tuberculosis

Is there other information that will help us ensure a positive experience for your child at this event? ☐ Yes ☐ No
If yes, please explain:

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

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- ☐ Bausch and Lomb® eye wash or generic equivalent (eye irritation)
- ☐ Benadryl® or generic equivalent *(rash or bee sting)*
- ☐ Calamine lotion/Caladryl® or generic equivalent *(sunburn or poison oak/ivy)*
- ☐ Emetrol® or generic equivalent *(nausea)*
- ☐ Hydrocortisone ointment or other equivalent *(insect bites)*
- ☐ Ibuprofen *(pain)*
- ☐ Imodium AD® or generic equivalent *(diarrhea)*
- ☐ Isodettes® spray or generic equivalent *(sore throat)*
- ☐ Lanacane® spray, Solarcaine® or aloe vera gel *(sunburn)*
- ☐ Milk of Magnesia®, Mylanta®, or generic equivalent *(antacid)*
- ☐ Neosporin® or generic equivalent *(topical treatment for cuts)*
- ☐ Pepto Bismol® or generic equivalent *(upset stomach)*
- ☐ Robitussin® or generic equivalent *(nasal congestion/coughing)*
- ☐ Swimmer's ear solution *(earache)*
- ☐ Tylenol® or generic equivalent *(pain)*
- ☐ Tylenol® cold tablets or generic equivalent *(congestion)*

G. Administration of Medication

☐ Check here if your child, _____ , will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.

(Name of Participant)

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber *(if applicable)*, (5) Name, address and phone number of pharmacy *(if applicable)*, (6) Prescription number *(if applicable)*, and (7) Date prescription was filled *(if applicable)* (8) Expiration date of medication.

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's *(participant's name)* participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, transportation, and approval of off-site care, hospitalization, or surgery.

In the event of injury or illness to *(participant's name)*, I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	**A. Identification of Participant**
_____		_____	**B. Code of Conduct**
_____		_____	**C. Publicity Release**
_____		_____	**D. Health History and Medical Record**
_____		_____	**E. Health and Safety Investigations**
_____		_____	**F. Consent for First Aid Treatment**
_____		_____	**G. Self-Administration of Medication**
_____		_____	**H. Emergency Medical Approval**

** If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____

(Parent or Guardian Signature) *(Month/Day/Year)*

Signed _____ Date _____

(Participant's Signature) *(Month/Day/Year)*