



## Youth Health Statement, Parent Consent and Event Acceptance Form

Complete the ENTIRE two page form – Do NOT alter the form in any manner

For health or safety reasons, every person attending the event must submit a completed health form prior to the beginning of the program.

<b>Event</b>		<b>Date(s) of Event</b>	
<b>Name of Youth</b>		<b>County</b>	
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Birth Date</b>		<b>Age</b>
<b>Parent(s)/Guardian(s)</b>			
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	
<b>Do you have health insurance?</b> <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Insurance Company Name</b>		<b>Insurance Company Policy Number</b>	
<b>Insurance Company Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Insurance Company Phone</b>			
<b>Will your child be bringing any type of medication to this event?</b> <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain.			
<b>Does your child have any allergies?</b> <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain.			
<b>Describe any special needs (medical, physical or mental challenges) we should be aware of.</b>			
<b>Does your child have any special dietary needs?</b> <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain.			
<b>Date of last Tetanus immunization</b>			
<p>If necessary, I approve of officials taking my child, _____, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.</p>			

### Emergency Contact Information

<b>Name</b>		<b>Relationship</b>	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	
<b>Family Physician</b>	<b>Office Phone</b>	<b>Home Phone</b>	

**Event Acceptance**

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct: 1. Participate fully in all sessions. 2. Show respect for property/facilities used during the event and assume financial responsibility for any damages they cause. 3. Observe the established agenda, including being in their own rooms at the announced curfew. 4. Appropriate and courteous behavior is expected. Swearing and obscene gestures are not permitted. All should be treated with respect and common courtesy. Participants are expected to dress appropriately. Clothing with alcohol or tobacco advertisements or sexual connotations, etc. is prohibited. 5. No alcohol, stimulants, non-prescription drugs or tobacco products will be allowed.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

**CHILD PHOTO AUTHORIZATION:**

I \_\_\_\_\_ authorize the University of Missouri to make pictures and sound recordings of my child/children \_\_\_\_\_ and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

<b>Date</b>	<b>Signature of Parent/Guardian</b>
<b>Date</b>	<b>Signature of Youth</b>

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, your signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in my treatment.

**Notary Optional (some hospitals require)**

State of Missouri, county of \_\_\_\_\_

My commission expires \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature \_\_\_\_\_

*4-HMU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local MU Extension center or call 573-882-7430. The University of Missouri complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs.*

Copy Form as Needed