

**UW – Madison Extension
Youth Event Health Form (Continued)**

Participant Name: _____

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No

Benadryl: Yes No

Ibuprofen: Yes No

Accommodations
Does the youth require an accommodation to participate in this event? Please describe:
Please describe any limitations or restrictions regarding the youth's participation:
Is there any other information you want to share?


CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin – Madison Division of Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print) _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

Date _____

This is the approved health form for 4-H events and camps.

Please mail forms **postmarked by December 6th, 2019** to
 Wisconsin 4-H Art Lab
 130 Pyle Center
 702 Langdon St.
 Madison, WI 53706



Extension

UNIVERSITY OF WISCONSIN-MADISON

PHOTO RELEASE PERMISSION FORM

___ I grant permission to the University of Wisconsin-Madison Extension to use my photo and comments in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

___ I grant permission to the University of Wisconsin-Madison Extension to use the photo and comments of my minor child, (name) _____, in Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: _____ Date _____

Address: _____

Phone: _____

Signature: _____

Please sign and return this form to: WI 4-H Educational Programs, 702 Langdon St, 130 Pyle Center, Madison, WI 53706.

Name of Project:

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the _____ County 4-H Youth Development programs conducted by the _____ County UW Extension and the Board of Regents of the University of Wisconsin System, doing business as the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE _____ COUNTY 4-H YOUTH DEVELOPMENT _____ OF THE UW-EXTENSION AT TELEPHONE NUMBER _____.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the county and university have advised me to seek the advice of my physician before participating in the _____ County 4-H Youth Development program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the _____ County UW Extension or the Board of Regents of the University of Wisconsin System. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release, the _____ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the _____ County UW Extension, the Board of Regents of the University of Wisconsin System and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

Consent for Emergency Treatment:

I authorize the _____ County UW Extension or the Board of Regents of the University of Wisconsin System and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____
(Parent or Guardian must sign if participant is under 18*)

*If your son, daughter or ward will be under 18 while participating in the _____ County 4-H Youth Development program at the University of Wisconsin – Extension it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

Wisconsin 4-H Youth Development Code of Conduct

As a youth participant, I will:

- adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
- conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide a positive role model.
- comply with local, state and federal laws.
- abstain from use of alcohol, illicit drugs, and tobacco during events and activities.
- fully participate in scheduled activities and orientations.
- respect others' property and privacy rights.
- abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- accept personal responsibility for behavior including any financial damage.
- adhere to safety rules .

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- sanctions on participation in future youth development events.
- forfeiture or repayment of financial support for the event.
- removal from leadership positions held.

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules.

I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

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