



**UW - 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:

Medication #4	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



# 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 – 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"/>	No 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 –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.





UW-MADISON EXTENSION

## Wisconsin 4-H Youth Development Code of Conduct

### As a 4-H participant, I will:

- Be curious to learn
- Be respectful to self and others
- Work to positively resolve problems or differences
- Accept guidance from Extension volunteers and staff
- Follow program rules, curfews, dress codes, policies, and rules of the facility being used.
- Use appropriate language, exhibit good sportsmanship, and be a positive role model.
- Comply with local, state and federal laws.
- Abstain from use of alcohol, illicit drugs, and tobacco during any 4-H program, activity or educational experience.
- 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.
- Refrain from all sexual activity/contact during any 4-H program, activity or educational experience.
- Accept personal responsibility for behavior including any financial damage.
- Follow safety rules.

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

- Removal from leadership positions held.
- Removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- Forfeiture or repayment of financial support for the event.
- Sanctions on participation in future 4-H events.
- Suspension of membership.
- Dismissal from 4-H.

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 Name (printed) \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent (Guardian) Name (printed) \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

### **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.



## PHOTO RELEASE PERMISSION FORM

\_\_\_ I grant permission to the University of Wisconsin-Extension to use my photo and comments in UW-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-Extension to use the photo and comments of my minor child, (name) \_\_\_\_\_, in UW-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: YPCL, 130 Pyle Center, 702 Langdon St, Madison, WI 53706

Name of Project:

# HOMETOWN HEROES CAMP READYING VOLUNTEER WAIVER

## Release, Indemnification and Hold Harmless Agreement

In consideration of participating in camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **HOMETOWN HEROES** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that as a participant camp activities involve known and unanticipated risks which could result in physical injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; or brain damage; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in these activities or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in these activities, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in these activities, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in The State of Wisconsin where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in these activities, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that being a participant might not be made available to me if I were to choose not to sign this release, and agree that the opportunity to participate in return for the execution of this release is reasonable.

**I have read and understood this document and I agree to be bound by its terms.**

Parent Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Camper Signature \_\_\_\_\_ Camper Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_