

This form is used by some Farm Safety Camps working with 4-H groups and purchasing the 4-H health insurance plan.

Form 100A: MEDICAL AUTHORIZATION

COUNTY _____

4-Her's Name _____

Date of Birth _____ Grade _____ Gender _____

RACE (Used for reporting purposes only): Black Oriental Spanish White Native American Multi-Racial Other

HOME ADDRESS:

(St. or PO Box) _____ (City) _____ (St) _____ (Zip) _____

PHONE: Evening () _____ Daytime () _____

Other phone () _____ Pager () _____

Correct medical information is needed in case of an emergency. Please complete the blanks below and submit other information you feel is applicable.

- (1) Date of last physical examination _____
- (2) (2) Drug Allergies _____
- (3) Other Allergies (i.e. Bee, etc.) _____
- (4) Date of last Tetanus Immunization _____
- (5) Is there a history of Heart Condition _____, Diabetes _____, Asthma _____, Epilepsy _____, Rheumatic Fever _____
- (6) Are there any physical restrictions? If yes, please describe _____

(7) Are you taking any medications at the present time? Yes No If answer is yes, you must fill our Form 100-B and attach.

Name of Family Physician: _____
Phone: _____

INSURANCE COVERAGE INFORMATION (Specific rates for plan are on file at the Extension office.) AMERICAN INCOME LIFE INSURANCE (Plan No. 3)

I UNDERSTAND THAT SHOULD A HEALTH PROBLEM ARISE, I WILL BE NOTIFIED, BUT THAT IF I CANNOT BE REACHED BY TELEPHONE, SUCH MEDICAL TREATMENT, INCLUDING SURGERY, AS DEEMED NECESSARY BY COMPETENT MEDICAL PERSONNEL COULD BE RENDERED; THAT NECESSARY INFORMATION MAY BE RELEASED FOR INSURANCE PURPOSES; AND THAT I UNDERSTAND THE LIMITATION ON COVERAGES AS INDICATED ABOVE.

Event: _____ Date of Event _____

Guardian

Signature - Parent

NAMES OF TWO PERSONS OTHER THAN YOUR PARENTS OR GUARDIANS THAT MAY BE CONTACTED FOR CONSENT OR ADVICE IN CASE OF ANY EMERGENCY:

Name _____
Phone () _____

Name _____
Phone () _____

4-H CODE OF CONDUCT

MEMBER DISCIPLINE POLICY FOR DISTRICT, REGIONAL, AND STATE-SPONSORED EVENTS

I. IN SEEKING UNIFORMITY IN THE CONDUCT EXPECTED AT EACH COUNTY, DISTRICT, REGION, AND STATE-SPONSORED EVENT, THE FOLLOWING GUIDELINES HAVE BEEN ESTABLISHED.

ALL RULES AND REGULATIONS GOVERNING AN ACTIVITY OR EVENT WILL BE DISCUSSED WITH AGENTS, LEADERS, AND 4-HERS PRIOR TO OR AT THE BEGINNING OF EACH EVENT.
ALL 4-H" ERS ARE UNDER THE SUPERVISION OF ANY EXTENSION WORKER OR ADULT ASSIGNED TO THE EVENT.

II. 4-H" ers accused of any of the following will be required to appear before a review board:

- Possession or use of illegal drugs or alcoholic beverages.
 - Theft, misuse or abuse of public or private property.
 - Sexual misconduct.
 - Possession of weapons or fireworks.
 - Unauthorized absence from the premises of the event.
- III. If the accused 4-H" er is found in violation of any of the above, his/her parents or guardian will be notified; the 4-H" er will be sent home immediately at parents" or guardians" expense and suspended from participation in county, district, region, and state 4-H activities for a period of up to 12 months.
- IV. 4-H" ers accused of any of the following may be required to appear before a review board:
- Breaking curfew or disturbing the peace.
 - Unexcused absence from the activities of the event.
 - Unauthorized use of vehicles during the event.
 - Reckless behavior.
 - Use of foul or offensive language.
 - Breaching the 4-H Code of Ethics or violating the principles of the UGA Academic Honesty Policy.
 - Inappropriate dress including clothing that promotes behavior in conflict with the 4-H code of conduct.
 - Use of tobacco.
- V. If the accused 6-H" er is found in violation of the above and receives discipline issued by the review board, his/her parents or guardians will be notified, and the 4-H" er may be sent home at the parents"/guardian"s expense and may be suspended from participating in county, district, region, and state 4-H activities for up to six months.
- VI. Realizing these guidelines are not "all inclusive" The University of Georgia Extension Staff reserves the right to make adjustments to these policies.
- VII. NOTIFICATION PROCEDURES: If a 4-H" er is found in violation of the code and is to be sent home, the person in charge of the event will notify the appropriate 4-H Program Development Specialist or District Director.
- VIII. REVIEW BOARD: The person in charge of the event should appoint a review board at the event. The review board shall consist of the following:
- At least one Extension worker, up to two Volunteer Leaders and three 4-H" ers. (The person in charge of the event shall serve as chairperson.)
 - The review board may be convened by the person in charge of the event or at the request of the accused 4-H" er.
- IX. APPEAL PROCEDURES: If a 4-H" er wishes to appeal the decision of the review board, he/she must appeal in writing through _____ their County Extension Office.
Appeals must be filed within 30 days following notification of punishment.

As necessary, the appropriate 4-H Faculty member shall appoint an appeal board to meet no sooner than 30 days following the date of the 4-H" er request. The appeal board must consist of: (a) One County Extension Agent, (b) Three 4-H Members, " One 4-H Volunteer Leader, (d) One 4-H Program Development Specialist.

Release Waiver of Liability and Covenant Not to Sue
READ CAREFULLY BEFORE SIGNING

I certify that I am the parent or legal guardian of (Name of Child) _____ who will be a participant in _____ Farm Safety Day Camp on _____. I have been informed that during this 4-H event my child will participate in the following events that include risks as indicated.

☒ Other 4-H Event: List Risks: Recreational games, observing live animal and equipment demonstrations, as well as other risks that may not be foreseeable.

I agree that I will discuss with my child the importance of following the guidelines, instructions, and recommendations of the Cooperative Extension Service staff members and other adults assigned to the event. As a condition of participation in the above activity or event, both parent/guardian and 4-H member agree to the 4-H Code of Conduct. For the sole consideration of the Cooperative Extension Service"s arranging for the 4-H member"s participation in the 4-H event, I hereby release and forever discharge The University of Georgia, the board of Regents of the University System of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child"s participation in the 4-H event.

I understand that the acceptance of this release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees.

I certify that my child is participating in the event with my full knowledge and consent, and that he/she has my permission to participate in all activities. I also certify that I have read and understood the above.

PLEASE PRINT

Name _____ Relationship to

Child _____

Address _____

Phone (Evening) _____ (Daytime) _____ Other _____

Phone _____

Further, as a condition of participation in the above listed activity or event, both parents/guardian and 4-H'er agree to the 4-H Code of Conduct.

4-H Member Signature
Date

Date

Parent(s)/Guardian(s) Signature

(Note: Failure to have the two bonafide signatures above shall be sufficient reason to disqualify a member from participation in a 4-H Event.)

Rev. 1/00
