



[This Box to Be Completed by ACES Staff]  
 County: \_\_\_\_\_  
 Date of Receipt by County: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Alabama 4-H Youth Consent Form

All items on this form must be completely filled out by the participant and his or her parent or guardian. If an item is **not applicable** or there is **none**, indicate that by using **N/A** or **None** (for example: *no Family Doctor*). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

Youth's Name \_\_\_\_\_  
Last First  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  Female  Male  
Month / Day / Year  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip  
 Home Phone (      ) \_\_\_\_\_  
 Parent/Guardian Work Phone (      ) \_\_\_\_\_  
 Family E-mail \_\_\_\_\_  
 Cell Phone (      ) \_\_\_\_\_  
 Primary Emergency Contact \_\_\_\_\_  
 Phone(s) (      ) \_\_\_\_\_  
 Alternate Emergency Contact \_\_\_\_\_  
 Phone(s) (      ) \_\_\_\_\_

Youth's Doctor \_\_\_\_\_  
 Phone (      ) \_\_\_\_\_  
 Health Insurance Co. \_\_\_\_\_  
 Policy # \_\_\_\_\_  
 Name of Insured \_\_\_\_\_  
 Relationship to Participant \_\_\_\_\_  
**ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD**

**Publicity Release**

I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H.

No, I do not authorize use of my – or my child's – individual image or voice.

### HEALTH HISTORY

Does the youth have – or has ever had -- any of the following? Check **Yes** or **No** to each item. Please explain any **Yes** answers (noting the number of the item) in the space below **or on additional paper**. Reporting a health condition will not prevent you from participating and will be kept confidential.

- |   |  | Yes                      | No                       |
|---|--|--------------------------|--------------------------|
| 1. Asthma .....                               |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bronchitis .....                           |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convulsions .....                          |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Diabetes .....                             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ear Infection .....                        |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fainting .....                             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Heart Condition .....                      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Headaches .....                            |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Hypoglycemia .....                         |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Serious Insect Stings .....               |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Wear Glasses .....                        |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Wear Contact Lenses .....                 |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other Conditions .....                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Penicillin Allergy .....                  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Aspirin Allergy .....                     |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Tetanus Allergy .....                     |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Other Drug Allergies .....                |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Food Allergies .....                      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Serious Ivy, Oak or Sumac Poisoning ..... |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Other Allergies .....                     |  | <input type="checkbox"/> | <input type="checkbox"/> |
- Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain **Yes** answers and provide information on **present medications**, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

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These over-the-counter medications or generic equivalents may be administered to my child without contacting me:  Antihistamine (Benadryl)  Antacid  Ibuprofen (Advil)  Acetaminophen (Tylenol)  Pepto-Bismol  Decongestant  Baby Aspirin  Hydrocortisone  Polysporin (antibiotic cream)

**Please contact me for permission prior to administering any over-the-counter medications.**

**Alabama 4-H Youth Code of Conduct**

- I will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I will value the rights of all others. As a 4-H member, I am committed to the policies of the Alabama Cooperative Extension System, Auburn University and Alabama A&M University.
- I will act and speak respectfully. I will not use language that belittles others or is disrespectful of individual differences.
- I will dress appropriately. Apparel including accessories must not have pictures or wording involving nudity, sex, weapons, violence, drugs, alcohol or tobacco.
- Apparel, accessories and equipment featuring culturally or racially insensitive images violates 4-H's values of respect, fairness and caring and will not be permitted.
- I will attend all sessions of planned programs.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten, or harm another person or abuse public or private property.
- When I have access to computers at Extension facilities, I will use the computer for educational purposes and will not access inappropriate Web sites.
- I recognize that these guidelines are not all inclusive and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).*

4-H Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

**SURVEY & EVALUATION RELEASE**

- I hereby give permission **for my child** (under 19 years of age) and give consent **for myself**, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that I or my child may be asked for consent before completing a survey or an evaluation.
- No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

**VERIFICATION**

I, \_\_\_\_\_  
(parent/guardian)  
understand that participants will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for me or my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that as a parent/legal guardian, I will be responsible for the cost of service or treatment.

4-H Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

I have read and understand the Alabama 4-H Youth Code of Conduct, Publicity Release and Survey & Evaluation Release.

4-H Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

4-H Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_



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