** Florida 4-H Youth Enrollment Form**

**Directions:** After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be part of, you will need to complete a 4-H Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. These forms can be completed online by a parent or legal guardian at <http://florida.4honline.com>. If parents/guardians do not have access to a computer, they may complete the Enrollment and Participating Forms and turn both in to their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered into 4-H Online.

**Family Profile Information**

Family Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correspondence Preference: ❒ Email ❒ Mail 4-H County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary 4-H Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Profile Information**

Member Email (if different from Family Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address (if different from Family Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Age (as of September 1): \_\_\_\_\_\_\_\_\_\_\_\_ Number of years as a 4-H member, including current year: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1: First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2: : First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Other than Parents/Guardians) First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the member a youth volunteer?\* ❒ YES ❒ NO

\*If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

**Ethnicity:** Are you of Hispanic ethnicity? ❒ YES ❒ NO ❒ I prefer not to give my ethnicity and/or race.

**Race:** ❒ White ❒ Black ❒ Asian ❒ American Indian or Alaskan ❒ Native Hawaiian or Pacific Islander

**Gender: ❒** Male  **❒** Female **Residence:** ❒ Farm ❒ Town Under 10,000 or rural non-farm ❒ Town/city 10,000-50,000

 ❒ Suburb of city more than 50,000 ❒ Central city more than 50,000

**A Family Member is in:** ❒ Air Force ❒ Army ❒ Coast Guard ❒ Navy ❒ Marines **Branch:** ❒ Active Duty ❒ National Guard ❒ Reserves

**Parent or Sibling Serving in the Military:** ❒ The member has a parent serving in the military ❒ The member has a sibling serving in the military.

**Grade: \_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** School is in my 4-H County: ❒ YES ❒ NO

❒ In 4-H in a county different from the County I live in: **County I Live In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

❒ In 4-H in 2 counties**.** My 2nd 4-H County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_

**Program Fees, if Applicable:**

Club Fee/Dues Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❒ Purchase of Project Books
 Due $\_\_\_\_\_\_\_\_\_\_\_\_ Paid $ \_\_\_\_\_\_\_\_\_\_\_\_

 (Bal. Due: $\_\_\_\_\_\_\_\_\_\_)

Total Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Paid by Check ❒ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Paid by Cash: ❒

For County Office Use Only: Date forms received in County Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date forms entered into 4HOnline Database: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Project Title** | **Years in Project** | **Project Book Title Neededhttp://florida4h.org/** |
|   |  |  |
|  |  |  |

**A completed Florida 4-H Participation Form for Youth & Adults is required with this form.**Revised August 1, 2014 for 2014-2015 year

** Florida 4-H Participation Form for Youth and Adults**

**Directions:** This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. **All items must be completed. Even if the response is not applicable, indicate by using N/A**.Failure to complete this form in its entirety will result in the person being ineligible to participate in the 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Youth’s Age (as of Sept. 1, 2015): \_\_\_\_\_\_ Male/Female: \_\_\_\_
 Last First

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4-H County/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Primary Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Office Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Health Form**

Does the participant have, or at any time had, any of the following? Check “YES” or “NO” to each item. Please explain any “YES” answers (noting the # of the item) in the space below, or on an additional sheet of paper, if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential

Date of Last Tetanus Shot \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**The following over-the-counter medications may be administered to my child without contacting me. Check all that apply.**

❒ Antihistamine ❒ Antacid
❒ Ibuprofen (Advil) ❒ Decongestant ❒ Acetaminophen (Tylenol) ❒ Dramamine ❒ Hydrocortisone ❒ Other ❒ Polysporin (topical antibiotic) ❒ Aloe Vera Gel for Sunburn ❒ Please contact me for permission to administer ANY over-the-counter medications.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Conditions** | **Yes** | **No**  |  | **Conditions** | **Yes** | **No** |
| 1) Asthma |  |  | 12) Wears Contact Lenses |  |  |
| 2) Bronchitis |  |  | 13) Penicillin Allergy |  |  |
| 3) Convulsions |  |  | 14) Aspirin Allergy |  |  |
| 4) Diabetes |  |  | 15) Tetanus Allergy |  |  |
| 5) Ear Infection |  |  | 16) Other Drug Allergies |  |  |
| 6) Fainting |  |  | 17) Food Allergies |  |  |
| 7) Heart Condition |  |  | 18) Serious Ivy, Oak, or Sumac Allergy |  |  |
| 8) Headaches |  |  | 19) Sunscreen Allergy |  |  |
| 9) Hypoglycemia |  |  | 20) Other Allergies |  |  |
| 10) Serious Insect Sting Allergy |  |  | 21) Other Health Conditions |  |  |
| 11) Wears Glasses |  |  |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Does the participant use an inhaler and/or EpiPen?** ❒ YES ❒ NO **If yes, mark which is used.** ❒ YES ❒ NO

**Disabilities:** If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs:** If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Consents**

**First Aid Consent:** I give UF/IFAS Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any 4-H activity. I understand that, if a medical emergency arises, Florida 4-H will contact emergency medical personnel (911) for assistance.

**Medication Consent:** I authorize Florida 4-H to administer medication (over-the-counter and/or prescribed) to my child as specified in the physician’s written instructions or instsructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

**\_\_\_\_\_ (Initials)** ❒ YES ❒ NO **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant.\***

**\***Consent is required to participate in Florida 4-H.

*Page 1 of 3* Revised August 1, 2014 for 2014-2015 4-H Year

**Florida 4-H Participation Form for Youth and Adults**

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.

2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.

3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety, or welfare of myself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.

4. Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.

5. Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.

6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.

7. Participate fully in 4-H functions. Be in the assigned program areas (example: dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.

8. Dress appropriately for each 4-H function.

9. Use of any mobile electronic devices during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteously or disruptively.

10. The belongs of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles are subject to search and seizure by 4-H faculty/staff, and in some instances, a volunteer designee, upon suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Youth Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I understand and agree to the Florida 4-H Code of Conduct Rules above.

*Page 2 of 3* Revised August 1, 2014 for 2014-2015 4-H Year

**Florida 4-H Participation Form for Youth and Adults**

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (PLEASE PRINT) (PLEASE PRINT)

**General Release:** In consideration for my and/or my child’s participating in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, The Florida 4-H Foundation, Inc., UF/IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as “RELEASEES”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

 Am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I understand and agree to the General Release. I am a Parent/

Guardian or Adult Participant.

**Transportation Policy: I** understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver’s license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers’ compliance to 4-H policies and procedures.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant.

**Publicity Release:** I authorize UF/IFAS Extension and the Florida 4-H Foundation, Inc., or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF/IFAS Extension and the Florida 4-H Club Foundation.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I authorize use of my or my child’s individual image and voice. I am a Parent/Guardian or Adult Participant.

**Survey & Evaluation Policy:** I hereby establish my willingness to participate as an adult (i.e.4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) 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 my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child’s eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_ ❒ YES ❒NO I am willing to participate, or give permission for my child to participate, in any program evaluation. I am a Parent/Guardian or Adult Participant.

Youth or Adult Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Page 3 of 3* Revised August 1, 2014 for 2014-2015 4-H Year

**Florida 4-H Medication Form**

**Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions for Parents and Guardians:** Please complete this form for any medication(s) your child will be taking while attending any 4-H activity, including non-prescription drugs, lotions, inhalers and any other items. This form **must accompany your child’s medication** for any activity. Any medication not meeting the following requirements will not be allowed at the Florida 4-H activity.

All prescription medications **MUST:**

* Be in the original container with a prescription label
* **Be properly labeled with the youth’s name, dosage & frequency**
* Have directions that match what is prescribed
* **Have the doctor’s name and prescription number**
* Not be expired
* Sample medications must have a written prescription from doctor

Special considerations for inhalers and/or Epinephrine (“EpiPen):

* The inhalers and/or EpiPens should be in their prescription box with their prescription label.
* **If you’ve thrown out the box, your pharmacy can print you a label to bring, but it must match the medication and still be in date**
* We **cannot** accept expired inhalers or EpiPens

All over the counter medications (includes ear drops/swim ear, allergy meds, pain relievers, vitamins, etc.) **MUST:**

* Be in the original container
* **Marked with youth’s name**
* Not be expired

I request that a person designated by Florida 4-H give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the following medications:

**1) Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions, if to be given “as needed”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates medication is to be given: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Prescribing doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Illness or condition prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If inhaler or EpiPen, does the youth have to carry on person and self-medicate? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

I agree to furnish Florida 4-H with the medication(s) listed on this form per the guidelines above. I further understand that Florida 4-H’s **designated person** will administer the medicine to my child in good faith, at request. I certify that I have signed the online medication consent provision in addition to this form.

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

**If you are sending more than one medication for your child, please complete the second page of this form. ⇨**

*Florida 4-H Medication Form
Page 1 of 2
Revised August 1, 2014*

** Florida 4-H Medication Form** (Continued)

Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Medications**

**2) Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions, if to be given “as needed”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates medication is to be given: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Prescribing doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Illness or condition prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If inhaler or EpiPen, does the youth have to carry on person and self-medicate? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**3) Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions, if to be given “as needed”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates medication is to be given: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Prescribing doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Illness or condition prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If inhaler or EpiPen, does the youth have to carry on person and self-medicate? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

**4) Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time of day to be given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Directions, if to be given “as needed”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates medication is to be given: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Prescribing doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Illness or condition prescribed for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If inhaler or EpiPen, does the youth have to carry on person and self-medicate? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_**

*Florida 4-H Medication Form
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Revised August 1, 2014*