



**Emergency Contact:** \_\_\_\_\_ / \_\_\_\_\_  
Full Name Relationship to member

**Contact Phone:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Parent or Guardian 1:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_  
First Name Last Name

**Parent or Guardian 2:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_  
First Name Last Name

**School Name:** \_\_\_\_\_

**School Type:**

- |  |   |
|--|---|
| <input type="checkbox"/> Charter School              | <input type="checkbox"/> Public School        |
| <input type="checkbox"/> Homeschool                  | <input type="checkbox"/> Special Education    |
| <input type="checkbox"/> Magnet / Specialized School | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Private School              |   |

**Military Affiliation:**

- |   |  |
|---|--|
| <input type="checkbox"/> I have a Family Member Serving in the Military | <input type="checkbox"/> I have a Sibling who is Serving in the Military |
| <input type="checkbox"/> I have a Parent Serving in the Military        | <input type="checkbox"/> No one in my family is serving in the Military  |
| <input type="checkbox"/> I have a Parent Who Retired from the Military  |  |
| <input type="checkbox"/> I have a Parent who Served in the Military     |  |

**Branch of Service (if applicable):**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Air Force    | <input type="checkbox"/> Marines        |
| <input type="checkbox"/> Army         | <input type="checkbox"/> Navy           |
| <input type="checkbox"/> Coast Guard  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> DOD Civilian |   |

**Branch Component (if applicable):**

- Active Duty     National Guard     Reserves     Not Applicable

**Custody Release:** You may be asked to present a photo ID at check-out. This is for the participant's safety. Please be aware of this policy before picking up the participant. I hereby give permission for this participant to be allowed to leave the 4-H program after the activity; and if it is necessary for the participant to leave before the end of the program due to illness, injury, or behavioral issues; I hereby give permission for the participant to be released into the custody of:

\_\_\_\_\_

\_\_\_\_\_

**Member's T-Shirt Size:**

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large  |
| <input type="checkbox"/> Adult XL    | <input type="checkbox"/> Adult 2XL    | <input type="checkbox"/> Adult 3XL    |
| <input type="checkbox"/> Adult 4XL   | <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth XL     |                                       |

***\*This information is required for all federally assisted programs and is solely used to determine compliance with Federal civil rights laws; your responses will not affect the consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.***

# North Carolina 4-H Youth Development Youth Health History & Authorization Paper Form



**Member Name:** \_\_\_\_\_  
First Name
Middle Name
Last Name

Preferred Name (if needed) \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH HISTORY**

The following information should be completed by the parent/guardian or adult. This information intends to provide NC 4-H with the background to provide appropriate care and to assist healthcare personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

**Note:** Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 12 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

**EXPOSURE:** Has the participant previously had:

**Chicken Pox:**  Yes  No

**Measles:**  Yes  No

**Tuberculosis:**  Yes  No

**COVID-19 Immunization:**  Yes  No. Date: \_\_\_\_\_ **COVID-19 Booster:**  Yes  No. Date: \_\_\_\_\_

**List Any Other Infectious Exposure (if yes, provide details):**  Yes  No

**VACCINATIONS**

**Date of last Flu Shot:** \_\_\_\_\_ **Date of last Tetanus Shot:** \_\_\_\_\_

**CARE:** Please complete this section with the participant's medical and dental physician information. \*This information will only be utilized in a medical/dental emergency.

**Primary Physician Name:** \_\_\_\_\_ **Primary Physician Phone:** (\_\_\_\_) \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ **Dentist Phone:** (\_\_\_\_) \_\_\_\_\_

**REASONABLE ACCOMMODATIONS:** Does the youth member have a disability and seek reasonable accommodation to participate in activities and events? Yes No

**REMARKS:** List any adaptations needed due to a disability (explain "yes" answers).  Yes  No

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

**HISTORY:** Does this participant's medical history include any of the following (explain "yes" answers):

**Acute Chronic Illness:**  Yes  No **Concussions:**  Yes  No **Activity Restrictions / Limitations:**  Yes  No

**Recent injury, illness, or infectious disease:**  Yes  No **Ever been hospitalized or had surgery:**  Yes  No

**HEALTH INSURANCE:** The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance and may not cover all accident or medical expenses. Therefore, medical providers may need to bill the family or your insurance company for services rendered. Please provide the following information:

**Company Name:** \_\_\_\_\_ **Policy / Group Number:** \_\_\_\_\_

**CONDITIONS:** Has or does the participant:

**Have ADD-ADHD?**  Yes  No

**Have Anxiety?**  Yes  No

**Have Arthritis?**  Yes  No

**Have an Autism Spectrum Disorder ?**  Yes  No

**Have Asthma?**  Yes  No

**Ever had an Auto-Immune Disease?**  Yes  No

**Ever had back problems?**  Yes  No

**Ever had Chest Pain During or After Exercise?**  Yes

**Ever had Joint problems?**  Yes  No

**Ever had Convulsions or Seizures?**  Yes  No

**Have Diabetes?**  Yes  No

**Ever had Dizziness During or After Exercise?**  Yes  No

**Ever had Frequent Infections?**  Yes  No

**Ever had an Eating Disorder?**  Yes  No

**Have a history of Bed Wetting?**  Yes  No

**Ever Been Dizzy / Passed Out During or After Exercise?**  Yes  No

**Have Frequent Headaches?**  Yes  No

**Ever had a Head Injury?**  Yes  No

**Ever been diagnosed with a Heart Murmur?**  Yes  No

**Had Hepatitis A, B, or C?**  Yes  No

**Have Hypertension?**  Yes  No

**Had Mononucleosis in the past 12 months?**  Yes

No

**Had Mumps?**  Yes  No

**Ever had a Nervous Disorder?**  Yes  No

**Have frequent Nose Bleeds?**  Yes  No

**Sleep Walk?**  Yes  No

**Ever had a Mental Disorder?**  Yes  No

**Have Migraines?**  Yes  No

**Have Skin Problems?**  Yes  No

**Have Stomach Problems?**  Yes  No

**List any Program Activity Restrictions or Limitations** (e.g., what cannot be done, what adaptations or limitations are necessary.)

Yes  No Explain "yes" answers.

**DEVICES:**

**Wear Contact Lenses?**  Yes  No

**Epi-Pen (provide details)?**  Yes  No

**Wear Glasses or Protective Eye-Wear?**  Yes  No

**Hearing Aid?**  Yes  No

**Inhaler (provide details)?**  Yes  No

**List Any Other Devices (provide details).**  Yes  No

**ALLERGIES:** Please list known allergies here:

**Aspirin**  Yes  No

**Insect Stings**  Yes  No

**Dairy**  Yes  No

**Eggs**  Yes  No

**Gluten**  Yes  No

**Nuts**  Yes  No

**Peanuts**  Yes  No

**Penicillin**  Yes  No

**Shellfish**  Yes  No

**Soy**  Yes  No

**Sulfa**  Yes  No

**Sunscreen**  Yes  No

**Tetanus Vaccine**  Yes  No **Wheat**  Yes  No

**List any additional allergies here:**  Yes  No

**List any other Dietary Considerations here:**  Yes  No

**AUTHORIZED MEDICATIONS:** The following over-the-counter, non-prescription medications can be administered to my child without contacting me.

**Acetaminophen**  Yes  No

**Antacid**  Yes  No

**Antibiotic Ointment**  Yes  No

**Antihistamine**  Yes  No

**Aspirin**  Yes  No

**Ibuprofen**  Yes  No

**Imodium**  Yes  No

**Pepto Bismol**  Yes  No

**Insect Bite /Sting Medication**  Yes  No

**Insect Repellant**  Yes  No

**Sunscreen**  Yes  No

**MEDICAL RELEASE**

This health history is correct and complete to the best of my knowledge. I hereby consent to the North Carolina 4-H Youth Development Program administering authorized/prescribed medications to the youth member, providing basic first aid treatment to the youth member, and seeking emergency medical treatment for the youth member. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary medical transportation for the youth member herein described.

I further understand that costs incurred for treatment for any medical issues the youth member may suffer while participating in 4-H programs or activities are my responsibility and will be paid by me and/or covered by my insurance. This completed form may be photocopied for trips out of county or state.

An individual who is interested in requesting a religious accommodation should submit the Request for Religious Accommodations form to provide information about the type of accommodation being requested and information about the belief, practice or observance. For additional assistance or for information about other accommodations, please contact the Equal Opportunity and Equity unit at equalopportunity@ncsu.edu or 919.513.0574. My electronic consent/signature on this document shall carry the same force as a physical signature.

**Member Name:** \_\_\_\_\_

**Parent / Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM  
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,  
AND INDEMNIFICATION YOUTH AGREEMENT**

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction, or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, exposure to contagious viruses (including but not limited to COVID-19) and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor, and that I have authority to enter into this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and, if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me and the Minor, my and the Minor's heirs and assigns and on those who may claim by or through the Minor or me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily. My electronic signature on this document shall carry the same force as a physical signature.

       **YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Minor: \_\_\_\_\_

## NORTH CAROLINA 4-H PHOTO & MEDIA RELEASE

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image, voice recording, or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photographic, or printed matter that may be used in conjunction with the printed or recorded matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

I **AGREE** to photo/media use for any use described herein.

I do **NOT AGREE** to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me and the Minor, my and the Minor's heirs and assigns and on those who may claim by or through me and the Minor. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily. My electronic signature on this document shall carry the same force as a physical signature.

Printed Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

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

## TRANSPORTATION AUTHORIZATION & WAIVER FORM

I am the parent or legal guardian of the Minor Child being registered herein. I understand and acknowledge that, to participate in some local, district and state 4-H programs (e.g., retreats, judging contests, educational field trips, etc.), a Minor Child must be transported by motor vehicle to such programs and that, on many occasions, transportation will be provided by the North Carolina 4-H Youth Development Program ("4-H").

I authorize the Minor Child to be transported in government-owned and/or privately-owned vehicles driven by properly licensed and insured individuals authorized to drive by 4-H.

I understand and have discussed with the Minor Child that the Minor Child is expected to follow all applicable laws regarding riding in a motor vehicle (including but not limited to wearing a seat belt); is expected to follow the directions provided by the driver, staff, or volunteers related to transportation; is expected to respect the driver, staff, volunteers and other occupants of the motor vehicle; and will not be disruptive to the driver of the motor vehicle.

I am aware of the inherent risks and dangers (including but not limited to property damage, serious injury, and even death) involved with motor vehicle transportation. I hereby voluntarily assume such risks and, to the fullest extent permitted by law, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's transportation to or from locations of events associated with Minor's participation in 4-H. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from Minor Child's negligence or intentional act or omission.

I have read this entire Transportation Authorization and Waiver Form. I fully understand its terms and conditions, and I agree to be legally bound by its terms. In signing this Transportation Authorization and Waiver Form, I am not relying on any oral or written representations from any of the Releasees. My electronic consent/ signature on this document shall carry the same force as a physical signature.

Check one:

\_\_\_\_\_ I **AGREE** to transportation authorization and waiver as described herein.

\_\_\_\_\_ I do **NOT AGREE** to transportation authorization and waiver as described herein.

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

Printed Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_



## NORTH CAROLINA 4-H CODE OF CONDUCT AND DISCIPLINARY PROCEDURE

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

### **I. Purpose and Application:**

A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others and that will not disrupt or interfere with 4-H program goals.

B. Compliance with this 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

### **II. Behaviors Prohibited at 4-H Program Activities:**

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products illegal drugs OR being present where individuals are using alcohol, products, and/or any illegal substances
- B. Discrimination and Harassment as set forth more specifically in POL 04.25.05 – Equal Opportunity, Non-Discrimination and Affirmative Action Policy
- C. Any kind of sexually related physical contact
- D. Bullying, harassing, or using derogatory language toward another or group of people is prohibited
- E. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying prohibited
- F. Recording, taking, or sharing screenshots or images is prohibited directed to do so for Program purposes
- G. Sharing links or passwords for Programs or content is prohibited directed to do so for Program purposes
- H. Possession of weapons or firearms (except while participating in Shooting Sports Event)
- I. Behavior that violates state or local laws
- J. Damage to property of others
- K. Theft, misuse, or abuse of public or personal property
- L. Conduct that jeopardizes the safety of self or others
- M. Conduct that disrupts or interferes with 4-H programming
- N. Using Program content, contacts, images, or video for personal use outside the scope of the Program
- O. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- P. Leaving a program or facility without the permission of parents or 4-H staff (including authorized volunteers)
- Q. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include but are not limited to, clothing with negative or hateful language or symbols. All 4-H participants are held to the same standards of dress, regardless of gender identity and sexual orientation. Clothing and bathing suits should cover all reproductive anatomy (breasts and genitals) as well as buttocks. Any participant whose clothing reveals reproductive anatomy or buttocks will be asked to change into clothing that is not revealing.

Member Name Printed: \_\_\_\_\_ Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Equal Opportunity, Non-Discrimination, and Affirmative Action Policy

### 1. INTRODUCTION

#### NC State University Non-Discrimination and Accommodation Statements

Please see NC State University's Non-Discrimination and Accommodation Statements here: <https://diversity.ncsu.edu/ndastatements/>.

#### USDA's Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

\_\_\_\_\_ I attest that I have read this policy.