4-H Youth Member Paper Enrollment Form

(PAGE RETAINED BY THE MEMBER)

Youth are eligible to participate in 4-H if they meet the following criteria:

- **Primary Member** - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling who turn nine on or after January 1st must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old by December 31 of the program year and may continue in the program until December 31st of the calendar year in which they become 19 years of age.

4-H Youth Member Enrollment Process – when Paper Form submitted

1. Complete all forms of the 4-H Youth Member enrollment form packet.

2. Parent/Guardian of youth member keeps the following pages:
   a. 4-H Youth Member Enrollment Form Information
   b. Member Code of Conduct
   c. Parent, Guardian, or Adult Participant Code of Conduct

3. Parent/Guardian of youth member submits the following documents to 4-H Club/Unit Leader:
   a. 4-H Youth Member Enrollment Form with signatures (retained by County 4-H Office)
   b. Parent Consent for Online Record Book (retained by County 4-H Office)
   c. Waiver of Liability (retained by County 4-H Office)
   d. Youth Treatment Authorization & Health History Form (retained by 4-H Club/Unit Leader)

4. Provide fee payment with submission of paper enrollment forms to the 4-H Club/Unit Leader

5. 4-H Club/Unit Leader/Enrollment Coordinator will enter the enrollment record for the youth into 4hOnline using submitted signed paper forms.

6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.

7. 4-H Club/Unit Leader will submitted all other signed enrollment forms to the County 4-H Office.

8. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, 4hOnline status will show as Active and youth may participate in 4-H activities.

9. County 4-H Staff will invoice the 4-H Club Leader for enrollment. (Frequency determined by County 4-H Office)

In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.

4-H Club/Unit Program Fees	$
County 4-H Program Fees	$2.00
State 4-H Accident/Sickness Insurance and Program Fees (no-refunds once Active in 4hOnline)	$46.00 $48.00

4-H Club/Unit Leader	County 4-H Office
Sadie Camacho secamacho@ucanr.edu (530)233-6400	University of California Cooperative Extension 202 W 4th Street Alturas, CA 96101

4-H Youth Member Paper Enrollment Form Information

(PAGE RETAINED BY THE MEMBER)

In compliance with the California Information Practices Act of 1977, the following information is provided:
The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu.

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to John I. Sims, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1397.

Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - http://4h.ucanr.edu/files/133821.docx.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - http://4h.ucanr.edu/files/210170.pdf

While attending 4-H overnight events I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Parent, Guardian, or Adult Participant Code of Conduct

(PAGE RETAINED BY THE PARENT, GUARDIAN, OR ADULT PARTICIPANT)

All 4-H parents, guardians, or adult participants are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H parents, guardians, or adult participants are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Parent, Guardian, or Adult Participant Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.
7. Follow the *California 4-H Dress Guidelines* - http://4h.ucanr.edu/files/210170.pdf

PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H parents, guardians, or adult participants when engaged in any 4-H activity. The UCCE County Director* may, if necessary in their sole judgment, immediately bar or censor involvement of any 4-H parent, guardian, or adult participant that does not comply. In such instances, the decision of the UCCE County Director* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs, and/or any other inappropriate materials.
2. Participation while impaired in a manner that impedes making a constructive contribution to the 4-H program.
3. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
4. Use of abusive, obscene, and/or discriminatory language.
5. Attack or harassment; whether verbal, physical, written, or by the use of social media.
6. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
7. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
8. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
9. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

By receiving this document, I understand that I am expected to abide by the 4-H Parent, Guardian, or Adult Participant Code of Conduct. I understand that my involvement is contingent upon my compliance and that failure to comply may result in being barred or censored from 4-H activities.

*When referring to regional (outside the authority of a single County Director) or state level infractions this authority extends to the Statewide Program Director.

University of California
Agriculture and Natural Resources ▮ 4-H Youth Development Program

4-H Youth Member Paper Enrollment Form – Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

County: _____

Complete questions below ONLY if you are enrolling in a new club or county:

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

Family

Last Name _____
Phone _____
Email* _____

*Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless member email is different, then both will receive).

Member Information

First Name _____ Email* _____
Last Name _____ Years in 4-H _____
Address _____ City, State, Zip _____
Birth Date _____ Gender ☐ male ☐ female
Primary Phone _____ Cell Phone _____

Parent/Guardian 1

First Name _____ Cell Phone _____
Last Name _____ Work Ph., ext _____

Parent/Guardian 2

First Name _____ Cell Phone _____
Last Name _____ Work Ph. Ext. _____
Email _____ Home Phone _____
Address _____ City, State, Zip _____

Emergency Contact Information - (Must be an adult other than Parent/Guardian)

First & Last Name: _____ Home/work/other Phone: _____
Relationship: _____ Cell Phone: _____

Ethnicity ***Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.***

Are you of Hispanic ethnicity? ☐ Yes ☐ No

Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race **(If No is selected for Ethnicity, at least one option below must be selected.)**

What is your race? **Please select all categories that apply.**

☐ **American Indian or Alaskan Native**	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
☐ **Asian**	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ **Black or African American**	A person having origins in any of the Black racial groups of Africa
☐ **Native Hawaiian or Pacific Islander**	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ **White**	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
☐ **Prefer Not to State**	

University of California
Agriculture and Natural Resources ▮ 4-H Youth Development Program

4-H Youth Member Paper Enrollment Form - Print all information clearly.

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Residence

☐ Farm *(Rural area where agricultural products are sold)*
☐ Town under 10,000 and rural non-farm
☐ Town/City 10,000 – 50,000 and its suburbs
☐ Suburb of city more than 50,000
☐ Central city more than 50,000

Military Service

☐ No one in my family is serving in the military
☐ I have a parent serving in the military
☐ I have a sibling serving in the military

Branch

☐ Air Force ☐ Army ☐ Coast Guard ☐ DoD Civilian ☐ Marines ☐ Navy

Component

☐ Active Duty ☐ National Guard ☐ Reserves

School Information

Grade _____ School Name _____
County _____ District _____
Type ☐ Public School ☐ Charter School ☐ Special Education ☐ Homeschool / Alternative
☐ Private School ☐ Vocational Education ☐ Magnet / Specialized School

County Newsletter Preference

☐ Postal ☐ Email ☐ Sign-Up for State Electronic Newsletter

☐ Check box if**:**
Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. If yes, 4-H program fees will be waived. Please contact your county 4-H office regarding the request for waiver.
(Reference: http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm)

Club *Contact the County 4-H Office for a list of clubs and projects being offered this year to enroll in.

Club Name	**Officer**
	☐ President ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Reporter ☐ Historian ☐ Communications ☐ Other Officer ☐ Sergeant-At- Arms

Project

Club/Unit Name	Project Name	Years in Project	Leadership Role
			☐ Junior/Teen Leader
			☐ Junior/Teen Leader
			☐ Junior/Teen Leader

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Member and 4-H Parent, Guardian, or Adult Participant Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Treatment Authorization and Health History Form and Waiver of Liability must be renewed annually.

Signature of Youth **Date** **Signature of Parent/Guardian** **Date**

County Use Only		Club Use Only		
				CASH OR CHECK#
Member ID#	Authorizations	Date Received	Treatment Authorization and Health History	Fees Paid $

Parent Consent for 4-H Online Record Book

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Please Note: The 4-H Online Record Book is open to youth ages 9 and above.

The California 4-H Youth Development Program (YDP) offers a high quality experience for young people based on the latest research on positive youth development. Information from the 4-H enrollment system and the 4-H Online Record Book may be used to help us better understand young people and improve the 4-H YDP in California. Participation in this project is voluntary and your child may participate in the 4-H YDP even if he/she does not participate in the research and program evaluation. Additionally, participants may decide to withdraw from the research at any time and this will not affect their participation in the 4-H YDP. If you provide permission, information about your child from the 4-H enrollment system and the 4-H Online Record Book may be used for research and program evaluation. There is no direct benefit to the participant; the information gained from the research may be used to help improve the program.

All survey and demographic information will be stored on a secure encrypted server with restricted access. Names and other identifying information will be removed from all files. Your child's participation will be kept confidential, and will not be identified in any publication or in any data files shared with other researchers. If you decide to withdrawal your child from the research all data will be withdrawn from the research database.

If you have questions, please contact the State 4-H Office at ca4h@ucanr.edu or (530) 750-1334. For questions about your rights while taking part in this study call the Institution Review Board at (916) 703-9167 or write to IRB Administration, CTSC Building, Suite 1400, Room 1429, 2921 Stockton Blvd., Sacramento, CA 95817. Information to help you understand research is on-line at: www.research.ucdavis.edu/IRBAdmin.

Parents with youth ages 9 and above, check one box below:

☐ I give permission for my child's information from the 4-H enrollment system and 4-H Online Record book to be used for research and evaluation.

☐ I do not give permission for my child's information from the 4-H enrollment system and 4-H Online Record book to be used for research and evaluation.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name _____ **(Please Print)**

Age (if minor) _____

County _____ **Club/Unit** _____

Waiver: In return for being permitted to participate in ***California 4-H Youth Development Activities and Projects***, including associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, my heirs, personal representatives, and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of the University,** resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in ***California 4-H Youth Development Activities and Projects***.

Assumption of Risks: Participation in ***California 4-H Youth Development Activities and Projects*** carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions, to 3) catastrophic injuries such as paralysis and death.

Indemnification and Hold Harmless: I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in ***California 4-H Youth Development Activities and Projects,*** and to reimburse it for any such expenses incurred.

Severability: I further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid the remaining portions will continue to have full legal force and effect.

Governing Law and Jurisdiction: This Agreement shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Agreement shall be under the exclusive jurisdiction of the courts of the State of California.

Acknowledgment of Understanding: I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____ _____

Signature of Parent/Guardian of Minor or Participant Date

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.

University of California
Agriculture and Natural Resources ▮ 4-H Youth Development Program

Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name Last Name

Club/Unit Name

County and State

From: **July 1, 2017** to **December 31, 2018**

PARENT(S)/GUARDIAN(S)

First & Last Name _____ Home/Work/Other Phone: _____

_____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name: _____ Home/Work/Other Phone: _____

Relationship: _____ Cell Phone: _____

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

_____ Date

Signature of Parent/Guardian

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

_____ Date

Signature of Parent/Guardian

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name Last Name County Date of Birth

Date of last Tetanus Vaccination: ☐ Not Sure ☐ None

Please check over-the-counter medications that may be administered:
☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.
Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

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