

Year Washtenaw 4-H Programs

MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

*Event: _____
*Date: _____
County: Washtenaw County

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

SECTION 1 – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

Participants in programs/events sponsored by MSU 4-H are sometimes photographed and videotaped for use in MSU 4-H promotional and educational materials and may participate in online communication via E-mail and monitored communities.

I authorize my child to participate in monitored online activities, and further authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed, with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print subject's name (adult or youth) _____

Signature _____

(Parent or guardian must sign here if subject is under age 18.)

Date _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the information requested here:

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list emergency treatment authorization phone number (_____) _____

Employer's name and address _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

Does the participant have any chronic health problem or illness? _____

Does he or she have any acute illness now? _____

Has the person been treated recently for some medical problem? _____

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics? _____

Does he or she have any allergies? _____

Date of his or her last tetanus shot: _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full name _____

Birth date _____ Phone (_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program (may include travel), medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____

(Parent or guardian must sign here if participant is under age 18.)

Date _____

Mailing address _____

Daytime phone (_____) _____

Evening phone (_____) _____

Michigan 4-H Youth Development Youth Code of Conduct

The Washtenaw County 4-H program is dedicated to providing high-quality, nonformal, educational opportunities that will help Washtenaw County youth thrive in a complex and changing world. Participation in Washtenaw County 4-H programs is subject to the observance of the programs rules. Any participant who violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in or the entire county 4-H program. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the MSU Extension staff of Washtenaw County. Washtenaw County 4-H members will:

- Under no circumstances, commit or threaten violence toward any individual, group or the program.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension youth activity or event.
- Under no circumstances, attend or participate in an MSU Extension youth activity or event under the influence of alcohol and/or controlled substances.
- Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension youth activity or event.
- Abstain from harassment or bullying of another participant, volunteer or staff member, particularly when the behavior is disrespectful as regards a person's gender, race, age, sexual orientation, religion, national origin, disability or appearance.
- Not cheat or falsely represent my efforts related to my 4-H project activities.
- Show respect for, and cooperate with, fellow members, volunteers and staff.
- Follow 4-H policies and procedures when participating in any 4-H sponsored event.

I have read and I understand the Washtenaw County 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

Signature _____ Date _____

Parent/Guardian _____ Date _____