



**Activity and Event  
Acceptance Form**

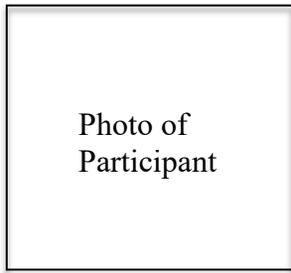


Photo of  
Participant

Please print

Name \_\_\_\_\_  
(Last) (First) (M.)

County \_\_\_\_\_

*This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.*

**A. Identification of Participant**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Nighttime Phone ( ) \_\_\_\_\_

Workplace Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Address/City/State/ZIP)

Other Emergency Contact (if appropriate) \_\_\_\_\_  
(Name)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(Address/City/State/ZIP) (Phone, if different than above)

**B. Code of Conduct**

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

**C. Publicity Release**

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

## D. Health History and Medical Record for \_\_\_\_\_

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Medical/Hospital \_\_\_\_\_  
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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### Check all that apply

Is participant allergic to the following drugs?:

Penicillin     Sulfa Drug     Tetracycline     Aspirin  
 Allergy to a medicine, food, plant, or insect toxin.    (Explain) \_\_\_\_\_

Asthma     Heart Trouble     Nosebleeds     Diabetes     Convulsions     Fainting Spells  
 Any condition that may require special care, diet or restriction of activities for medical reasons.  
 (Explain) \_\_\_\_\_

Does participant wear:  Dentures  Contact Lens  Other (Explain) \_\_\_\_\_

Is any medication, including behavior modification medication, being taken at the present time?  Yes  No

If yes, explain \_\_\_\_\_

Date of most recent medical examination: \_\_\_\_\_

Are you aware of any current health problems?  Yes  No If yes, explain \_\_\_\_\_

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<input type="checkbox"/> Tuberculosis

Is there other information that will help us ensure a positive experience for your child at this event?  Yes  No  
If yes, please explain:

## E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

## F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (eye irritation)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

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## G. Administration of Medication

Check here if your child, \_\_\_\_\_, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.  
*(Name of Participant)*

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*) (8) Expiration date of medication.

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

## H. Emergency Medical Release

In consideration of \_\_\_\_\_ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, transportation, and approval of off-site care, hospitalization, or surgery.

In the event of injury or illness to \_\_\_\_\_ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

### Required Signatures\* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

*\* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

**I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or Guardian Signature) (Month/Day/Year)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature) (Month/Day/Year)*

# Child Release Authorization

Please list the people who are allowed either at your discretion or by court order to pick up your child from Camp. Please be aware that the person(s) listed as parent/guardians will be able to give verbal assent for child pick up.

Camper \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone: \_\_\_\_\_

People who are authorized to pick up my child.

Name	Phone
_____	_____
_____	_____
_____	_____

People who may be authorized to pick up the camper in case of emergency or with verbal (phone) authorization.

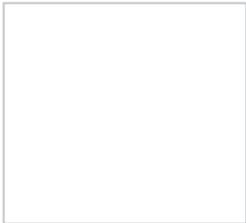
Name	Phone
_____	_____
_____	_____
_____	_____

People who are, under no circumstances, allowed to pick up the camper.

Name	Phone
_____	_____
_____	_____

If the child is involved in a contentious custody situation that may affect pick up procedures, please provide necessary documentation.

\*This form is for the use of Lawrence County personnel, to aid in the safety of your child and is not representative of the University of Tennessee or Tennessee State University.



Name \_\_\_\_\_

County \_\_\_\_\_

**F600M: Parental Consent Form for Self-Administration of Prescription and Non-Prescription Medicines at Tennessee 4-H Events**  
(place this form in a resealable storage bag with medications, vitamins, and/or supplements in the *original container*. No expired items will be accepted)

Before completing this form, please read the F600 form and consider the need to have your child bring this medication to the 4-H event.

I \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
(Your Name) (Your child)

verify that my child is competent, and has been instructed, to self-administer the following medications, vitamins, supplements, etc.:

Name of Medication	Reason for Medication and Possible Side Effects	Dosage (amount given, how to administer, etc.)	Time of Medicine (place X in desired time(s))					Notes (such as: take with food, take as needed, etc.)
			Breakfast	Lunch	Dinner	Bedtime	Other (specify)	

Prescribing Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_



# CABIN MATEY FORM

Campers always want to know if they can room with their friends.

We make cabin assignments prior to going to camp. The cabin rooms hold either 7 or 11 campers. Please complete the information below and return ASAP. Remember to include friends from other schools or activities. It may be mailed or delivered to 2385 Buffalo Road, Lawrenceburg, TN 38464, or emailed to [thagan@tnstate.edu](mailto:thagan@tnstate.edu) or [cadams11@utk.edu](mailto:cadams11@utk.edu).

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_

I'd like to room with:

\_\_\_\_\_

\_\_\_\_\_



Every effort will be made to honor all requests. If no preferences are stated, campers will be grouped by grade and school, unless otherwise noted.

