

## 4-H MEMBER FIELD TRIP AND ACTIVITIES PERMISSION FORM

This form is recommended for 4-H Volunteers and staff to use when taking youth on field trips. (Those members who already have a signed 4-H Youth Development Liability Release Statement on file with their 4-H enrollment.)

A field trip to LaPorte-Porter 4-H Junior Leaders Indiana Beach Day is scheduled for  
(Name location and/or activity)

Monday, June 13th, 2022  
(Day / Date)

Departure Location: Wanatah Elementary School

Departure Time: 10:00 a.m. CST

Return Time: 10:15 p.m. CST (approximately)

I hereby give permission for my child to participate in the following activities:

Swimming ☐ Yes ☐ No

Field Trip ☐ Yes ☐ No

\_\_\_\_\_  
4-H Member's Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone Number

## Behavioral Criteria for 4-H Events and Activities:

*(Recommend distributing with health forms for trips/activities.)*

To 4-H members, volunteers, parents and the public: When attending, participating or acting on behalf of the 4-H program, all persons are expected to conduct themselves in accordance with accepted standards of social behavior, to respect rights of others, and to refrain from any conduct which may be injurious to the 4-H program. **The following actions constitute misconduct for which persons may be subject to disciplinary consequences and/or dismissal from the program:**

- (a) Dishonesty in connection with any 4-H activity by cheating or knowingly furnishing false information.
- (b) Alteration or unauthorized use of 4-H records.
- (c) Obstruction or disruption of any 4-H activity or aiding and encouraging other persons to engage in such conduct.
- (d) Failure to comply or aiding or encouraging other persons not to comply with specific terms and conditions of a given project, contest, or activity.
- (e) Failure to comply with directions of 4-H officials acting in the proper performance of their duties.
- (f) Inhumane treatment of 4-H animal projects.

**There are many opportunities for 4-H members, volunteers, parents and the public to participate in 4-H events and activities. When involved in such experiences, members, volunteers, parents and the public are expected to follow all rules and regulations as outlined by those responsible for the specific program or activity. In all such 4-H activities, the following constitute a violation of behavioral expectations:**

1. Possession or use of fire crackers, gun powder, firearms, chemicals or other materials that can be used to create an explosive mixture.
2. Misuse of fire equipment or sounding a false fire alarm.
3. Having a guest of a different gender in your sleeping quarters, or inappropriate sexual behavior.
4. Physical or verbal abuse of any person or conduct which threatens or endangers the health or safety of any person.
5. Theft of or malicious damage to property.
6. Possession, use, or distribution of alcohol, illegal drugs, tobacco and tobacco-like products, electronic smoking devices (including, but not limited to, e-cigs, vapes, juuls), or other dangerous substances.
7. Inappropriate displays of affection towards another person(s).
8. Distribution, misuse, or abuse of over-the-counter, homeopathic (including supplements and vitamins), or prescription medications.
9. Inappropriate clothing or lack of clothing during the event or activity.
10. Lewd, indecent, or obscene conduct or language.
11. Unauthorized entry, use or occupancy of any facility.
12. Any conduct which threatens or interferes with maintenance of appropriate order and discipline or invades the rights of others.
13. Unwillingness to follow appropriate health and safety procedures.
14. Reckless or inappropriate behavior.

**When violations occur at out-of-county, district, area, state and/or national 4-H events, the following procedures will be followed.**

- (a) The parents/legal guardians may be contacted to arrange transportation home for the violator(s) and
- (b) The local extension educator may be notified.

I verify that I am a 4-H member, I have read and will abide by the rules and behavioral expectations, set by the Indiana 4-H program or I will forfeit my right to stay. Both signatures are required.

4-H member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(Attach 4-H member's recent photo to back of this form)

**HEALTH FORM  
(Youth)**

LaPorte-Porter 4-H Junior Leaders Indiana Beach Day

Event/Activity/Trip

County \_\_\_\_\_

Dorm and/or Room Number \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Day Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Youth Cell Number (if applicable) \_\_\_\_\_

List any activities the participant should avoid (i.e., swimming): \_\_\_\_\_

Physical Record of Participant

Yes

No

Heart Condition \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear Infections \_\_\_\_\_

Bedwetting \_\_\_\_\_

Allergy to any medication \_\_\_\_\_

List medicines allergic to: \_\_\_\_\_

Food allergy or dietary restrictions \_\_\_\_\_

List allergies/restrictions \_\_\_\_\_

Other allergies (i.e., dust, pollen, animals) \_\_\_\_\_

List other allergies \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please list any current medication being taken on reverse side of this form.**

Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations that would be beneficial during 4-H participation:

**PARENTAL AUTHORIZATION**

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness to Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Telephone: (\_\_\_\_\_) \_\_\_\_\_  
Home

(\_\_\_\_\_) \_\_\_\_\_  
Work

**Both above signatures required for acceptance to participate**

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work

**Please complete the addendum on reverse side**

**Risk Management Forms**

Reviewed and approved by OLC April 2020

## ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.

**Medications must be carried in their original containers.**

County: \_\_\_\_\_

4-H member's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

What Illness/Condition is this medication intended for: \_\_\_\_\_

Check all of the following that apply:

\_\_\_\_\_ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Benadryl may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Medication is to be self administered by student

\_\_\_\_\_ Medication is to be administered by 4-H Youth Development event personnel

Dosage: \_\_\_\_\_ Refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Other information (if applicable): \_\_\_\_\_

Date(s) to Administer: From \_\_\_\_\_ To \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.**

Event: \_\_\_\_\_ Date (s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date