

# New Jersey 4-H Event Permission Form for Youth



4-H104

Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the adults (paid 4-H staff and/or registered 4-H volunteer leaders) responsible for the youth participants. The form should be submitted prior to the event and kept by the chaperone for at least 90 days after the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) behavior agreement and (5) media policy. ***Be sure to complete all five parts and sign where requested!***

### Information about the Youth Participant and Activity

Name of youth participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ 4-H County: \_\_\_\_\_ Grade (as of 9/12) \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Name of activity/event: Creative Arts Summer Enrichment Program

Name of 4-H group Cumberland County 4-H Youth Development Program,  
291 Morton Avenue, Millville, NJ 08332

Date and time of participation of individual named above: **Monday, August 14-Thursday, Friday, August 18, 2017, 9:00 AM - 1:00 PM**

### Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its chaperones will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

Signature of parent or guardian: **X** \_\_\_\_\_

### Medical Emergency Authorization and Health Information

I authorize the 4-H chaperone(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Signature of Parent/Guardian **X** \_\_\_\_\_



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