



**SECTION 1: Michigan 4-H Code of Conduct****SIGNATURES AND DATES ARE REQUIRED**

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

I have read and I understand the Michigan 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.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2: Evaluation Acknowledgement** **OPTIONAL – NOT REQUIRED**

As a participant in the Michigan State University Extension/ 4-H program, your child may be asked to help with the evaluation of the program. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want your child to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 3: Media Release** **SECTION MUST BE CHECKMARKED, BUT AUTHORIZATION IS OPTIONAL**

I authorize Michigan State University Extension/4-H to record my image and/or voice for use by Michigan State University Extension or its assignees in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed. **I do authorize.** **I do not authorize**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4: Medical Information** **SECTION MUST BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE**

Primary care Physician's Name: \_\_\_\_\_ Physician's phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

If no information applies below, please print "NO" in that space -

<b>Chronic Health Problems:</b>	<b>Policy Holder Name:</b>
<b>Acute Illnesses:</b>	<b>Insurance name:</b>
<b>Recent Health Problem:</b>	<b>Insurance Phone #:</b>
<b>Medications:</b>	<b>Policy Number:</b>
<b>Allergies to Medications:</b>	<b>HMO Auth#:</b>
<b>Allergies:</b>	
<b>Date of Last Tetanus Shot:</b>	

**SECTION 5: Official Medical Treatment Authorization** **SIGNATURE AND DATE REQUIRED**

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program 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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_