Texas 4-H and Youth Development Program HEALTH AND SAFETY STATEMENT

Check one:	Youth	Adult	County:			
Event:			Event Dates:			
Section I Part	icipant Informa	ation				
First Name:	icipanie iniornie	20011	Date of Birth:	Age:	Gender:	
Last Name:			Name of Physician:			
Address:			Physician's Number:			
City, State, Zip	:		Date of last physical exam:			
Home Phone:						
Section II. In t	he event of an	Emergency, plea	ase contact:			
Name:	ne event or an	zmergeney, piec	Home Phone:			
Address:			Work Phone:			
City, State, Zip	:		Cell Phone:			
Section III. He	alth History (Ch	neck the appropr	riate answer and explain any YES r	esponses.)		
			eart problems (dates):	· · ·	Yes	No
		n pains in your ch			Yes	No
			need to have a physician's release.)		Yes	
Do you often feel faint or have spells of severe dizziness:						No
Has a doctor ever told you that you might have high blood pressure: Are you a smoker:						No No
•		r hack problems	that can be aggravated by exercis	.e.	Yes Yes	— No
Do you have arthritis, joint, or back problems that can be aggravated by exercise: Have you had any operations or serious injuries (dates):						— No
Do you have any chronic recurring illness or communicable diseases:						No
Are there any activities to be limited/discouraged by a physician's advice:						No
Are you allergic to any medications, food or food ingredients, insects, or pollens:						No
Do you have E	pilepsy:				Yes	No
Do you have D					Yes	No
Do you have any prescribed meal plan or dietary restrictions (explain)						No
Any other hea	lth related info	rmation for 4-H _l	personnel to be aware of:		Yes	No
			st be in ORIGINAL container with (ORIGINAL LABEL.)		
Are there pres	cribed medicat	ions currently be	eing taken (describe)		Yes	No
			-			
			ovide a copy of your insurance care	d.	V	N
	amily medical/i	nospital insurand			Yes	No
Carrier:			Policy Nun	nber:		
Section VI. Re						
•	•		minor child to the following perso	n/people at the cond	clusion:	
(please list all	persons, includ	ing parents)				
Further, I/We	require that sa	id minor child NO	 OT be released to the following pe	erson/people at the c	onclusion of the activit	tv:
			or services and the following pe			-,-
Coation Must	- 14hl C - C		A./(:			
		y Statement Cer	tification statements are true and complete to	n the hest of my know	ledge and helief Tunde	retand
		•	only by the Texas 4-H Staff for heal	·	_	
	n for such purpo		, ,	,	,	
Signature of Pa	articinant:		Date:			
-	articipant is under	the age of 18)	Date			

CODE OF CONDUCT Texas 4-H Code of Conduct

General Behavior

- 1. I am expected to attend all sessions that are part of the planned program for all activities. I will inform staff if I am not feeling well or have a schedule conflict.
- 2. I will dress appropriately to the occasion and adhere to any attire requirements stipulated for the event I am attending. 4-H members should be courteous, clean, and possess good manners.
- 3. Language must be controlled and appropriate for a 4-H member no swearing.
- 4. Except for planned tours and outings, I will not leave an activity facility any time without permission of the chaperone and/or staff responsible for the event.
- 5. I will not smoke or use tobacco products at any 4-H program event.
- 6. I will not use alcohol, drugs (except those directed by a doctor), or be associated with or remain in the presence of others when they are being used.
- 7. I will not carry or threaten another person with a weapon, bodily force or language.
- 8. I will respect the rights of privacy of those attending an activity and those that I may be rooming with.
- 9. I will observe hours established by the staff and be in my room. No boys in girls rooms, no girls in boys rooms.
- 10. I will avoid unnecessary roughness to room furnishings, furniture, equipment, etc. Towels, ashtrays, etc., are not to be taken as souvenirs. Occupants of a room or conveyance are financially responsible for any damage or results of misconduct.
- 11. Any participant at an official 4-H activity who observes a breach of code of conduct has the responsibility and obligation to report the misbehavior to appropriate chaperones.
- 12. In the event that photographs, slides, web pages and/or videotapes are made of the undersigned, I/we consent to the release of those photographs, slides, web pages and/or videotape for use in promoting the Texas 4-H and Youth Development Program.

I have read the Texas 4-H Code of Conduct and agree with the items listed and do intend to abide

by it throughout event.				
4-H Member Signature	County	District	Date	_
As the parent/guardian of _ the Code of Conduct and do faculty in charge to carry ou		•	•	
Parent or Guardian		Date		