

**University of California Division of Agriculture and Natural Resources
4-H Youth Development Program
Youth Medical Release Form**

This Medical Release Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below:

First Name	Last Name	Club/Unit Name
County and State	Dates (From / To) _____ to _____	

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

EMERGENCY CONTACT INFORMATION

Name	Relationship to Youth Identified Above		
(_____) _____ Emergency Day Phone (with area code)	(_____) _____ Emergency Night Phone (with area code)		
Mailing Address	City	State	Zip

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the State 4-H Office.

Signature of Parent/Guardian	Date
------------------------------	------

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian	Date
------------------------------	------

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you/your child, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the State 4-H Director at the California 4-H Youth Development Program, University of California, DANR Building, One Hopkins Road, Davis, CA 95616-8575, (530) 754-8518. Only your own/your child's records are open to your review.

Any known or foreseeable intergovernmental transfer that may be made of the information is as follows: None.

University of California Division of Agriculture and Natural Resources

4-H Youth Development Program

Health History Information

_____	_____	_____ / _____ / _____
First Name	Last Name	County Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- | | | | | |
|----------------------------------|-------------------------------------|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Other: _____ | |

Please identify allergies including allergies to food, medications, and drug reactions:

Please list any disability accommodations you will need in order to participate in this program or activity.

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please explain "yes" answers on this page.

The University of California prohibits discrimination or harassment of any person on the basis of race, color, national origin, religion, sex, gender identity, pregnancy (including childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994: service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services) in any of its programs or activities. University policy also prohibits reprisal or retaliation against any person in any of its programs or activities for making a complaint of discrimination or sexual harassment or for using or participating in the investigation or resolution process of any such complaint. University policy is intended to be consistent with the provisions of applicable State and Federal laws. Inquiries regarding the University's nondiscrimination policies may be directed to the Affirmative Action/Equal Opportunity Director, University of California, Agriculture and Natural Resources, 1111 Franklin Street, 6th Floor, Oakland, CA 94607, (510) 987-0096.

YOUTH'S NAME (print) _____

MENDOCINO-LAKE 4-H SUMMER CAMP YOUTH - CODE OF CONDUCT

The **CODE OF CONDUCT** has been established to create a positive educational experience for all 4-H participants. The following guidelines are designed to make everyone's experience at 4-H camp satisfying to all attending. All participants, members, volunteers, and 4-H YDP staff, shall adhere to the core values of the University of California 4-H Youth Development Program, respect the individual rights, safety, and property of others. All participants must agree to abide by the following rule and the consequences for not abiding by these rules.

1. Be concerned for the safety of campers and staff.

- A. **Do not bring extra food.** Food in the cabins will attract unwanted wildlife.
- B. No running in camp unless an organized activity.
- C. Wear closed-toe shoes for all camp activities. No bare feet at anytime.
- D. Cabin areas shall be kept neat and free of litter.
- E. No throwing objects unless during a planned activity such as sports.
- F. No jumping or swinging on or from beds, trees etc.
- G. Stay within the camp boundaries. To go beyond camp boundaries, you must have director's permission and escorted by Camp Staff.
- H. During rest time and "lights out", campers are to be supervised by a teen counselor and/or an adult chaperon at all times.
- I. Swimming will be permitted only at scheduled times with a lifeguard on duty. Swimmers must have passed the swimming test. Swimmers must have a buddy
- J. All prescription and over the counter medication will be given to Camp Medical Staff upon arrival at Camp.

2. Respect the rights and property of others.

- A. Do not touch other campers' belongings; this means no cabin raiding or trashing cabins.
- B. Boys are not allowed in girls' cabin area; girls are not allowed in boys' cabins area.
- C. All campers must be invited before visiting other cabins.
- D. No disrespectful or abusive language (no profanity, racial slurs, or putdowns).
- E. Do not damage or deface camp facilities or property. No writing or carving of the cabins, tables, benches, or trees.
- F. Do not bring hair dryers & curling irons, radios or other electronic equipment.
- G. Label all personal items with name; 4-H is not responsible for lost items.
- H. Rudeness, lack of courtesy, cheating and disrespect for authority will not be tolerated.
- I. No fighting or threatening physical violence.

3. **4-H Camp is a fun experience and everyone is to participate in the planned activities.**
 - A. If you hear the bell ring, report immediately to the flagpole.
 - B. Be on time and ready to participate.
 - C. All members must attend all camp activities and meals.
 - D. If ill, report to the Camp Medical Staff.
 - E. Be a positive team member of your group and cabin.
 - F. "Lights out" means quiet and in bed.
 - G. The telephone reserved for emergency use only. If you need to make a call contact the camp directors.

4. Items not allowed at camp.

Items considered unnecessary and/or potentially dangerous at camp include:

Matches, candles, tobacco, alcohol, narcotics or controlled substances
 Water balloons, water pistols, pressurized cans, and knives.

Possession of these and similar items may be grounds for dismissal from camp.

5. **Gambling and betting is prohibited.**
6. **Display of overly affectionate behavior will not be allowed.**
7. **Unauthorized visitors are not allowed. All visitors must report to the kitchen to be signed in and receive a guest pass.**

DISCIPLINE ACTION

All infractions of the above items will be reported the Summer Camp Directors. The adult Directors will bear final responsibility for disciplinary action. Warnings may be issued, but a second infraction will be grounds for dismissal from camp. Parents will be notified and responsible for picking up member. The County 4-H Office will be notified of actions taken. Penalties may include any or all of the following:

- Sending the participant home
- Assessing the participant the cost of damages and repairs for damage or destruction of property
- Releasing the participant to the nearest law enforcement agency and/or the proper authorities
- Termination of 4-H membership

I agree to follow the above code of conduct.

Member Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Shooting Sports Permission

I the undersigned parent/guardian of _____,
(print name of camper)

understand that part of the 4-H Mendocino Lake Summer Camp program includes 4-H Shooting Sports safety training, and the actual firing of firearms and archery arrows, while learning proper handling and safe practices.

Authorization

I hereby give permission for my child to participate in the following training(s).

- Both firearms and archery
- Firearms only
- Archery only

Parent/Guardian Signature _____ Date _____

Non-Consent

- I do NOT desire to have my child participate in any of the above trainings.

Parent/Guardian Signature _____ Date _____