



MEMBER - PARENT RELEASE FORM

Policy and Usage Information

POLICY:

The 4-H Member-Parent Release Form must be completed by all enrolled 4-H members in the British Columbia 4-H Program annually at the time of enrolment (and once every twelve months), as a condition of 4-H membership. Also recommended, but not required for enrolled 4-H Leaders is Medical History A.-G. and Medical Treatment Release Form sections).

The 4-H Member-Parent Release Form covers:

1. ALL 4-H Program activities including 4-H club, inter-club, district, regional and provincial 4-H programs, both in-province and out of province.
2. ALL 4-H Events including third party 4-H Events with a 4-H Event Memo of Understanding signed with the B.C. 4-H Provincial Council.
3. ANY and ALL other 4-H activities, events or programs.

REASON:

It is important for everyone in the 4-H community to appreciate the reasons for this required policy and process, namely,

1. 4-H Leader awareness of information,
2. The need to be prepared for a medical emergency,
3. Complimentary to 4-H Farm Safety Program.

PROCESS:

1. 4-H member's parent(s) or guardian is required to complete 4-H #135 annually at time of 4-H club enrolment. Any significant new/updated medical history information should be added at any time of the year.
2. 4-H Club "A" Leaders (or designate) are required to maintain a complete and up-to-date file of all 4-H Member-Parent Release Forms of Club members.
3. 4-H Leader/Volunteer/or designated person in charge of each particular 4-H activity to have, on site and readily available, a copy of 4-H Member-Parent Release Form for those 4-H members they are responsible for, and have a basic understanding and awareness of any significant medical history of any member.
4. 4-H Member-Parent Release Forms may be photocopied or a blank form re-completed when it is required to accompany a district, regional, or provincial 4-H application form, e.g. Provincial 4-H Club Week.
5. 4-H Events may develop additional protocol and processes to ensure that they have a copy of 4-H Member-Parent Release Forms for 4-H members participating in their 4-H Events. Onus remains with 4-H Leader/Volunteer/Chaperone, etc., to also have their own copy on site for their own 4-H members.
6. 4-H Clubs/Districts may develop any additional complimentary guidelines to upgrade the above policy and process, but may not take away from it.



BC.4-H

MEMBER - PARENT RELEASE FORM

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I, (name), _____ am the (parent or guardian) _____ of _____ and certify that he/she has my permission to participate in the 4-H program/opportunity as a member of (club name) _____.

The staff and volunteers of the 4-H program provide the best educational program possible. However, the success of the program is equally dependent on the 4-H members assuming mature, responsible and safe behaviour while in attendance. The standards of behaviour include the following rules:

1. Possession or use of alcoholic beverages and/or illegal drugs is absolutely prohibited.
2. No 4-H member may leave the grounds without the permission of a 4-H program staff member/leader/chaperone.
3. Co-ed visiting during non-designated times is not permitted.
4. Members are expected to behave at all times in a manner consistent with the educational purposes of the program.
5. The program is not without risk and members, in dealing with livestock or otherwise, are expected at all times to follow instructions, and to carry on in a safe manner.
6. Pre-arranged travel plans to and from the 4-H program/opportunity must be adhered to unless alternate arrangements have been authorized.

THOSE 4-H MEMBERS WHO DO NOT MAINTAIN THESE STANDARDS SHALL FORFEIT THE PRIVILEGE OF ATTENDING THIS 4-H OPPORTUNITY/PROGRAM AND RETURN HOME AT THEIR OWN COST, AND BE CHARGED IN FULL FOR THEIR PORTION OF ROOM AND BOARD.

I agree that the participation of (member's name) _____ is entirely at his/her own risk. This program/opportunity is of a strenuous nature both physically and mentally and it is in the interest of the member's well being that the following information is being requested.

Name of member: _____
(surname) (first) (middle)

Address: _____

Postal Code: _____ Home Phone: () _____

Date of Birth: _____
(month) (day) (year)

In Emergency notify: _____ Relationship: _____

Address: _____

Postal Code: _____ Home Phone: () _____

Cell Phone: () _____ Business Phone: () _____

Doctor's Name: _____ Business Phone: () _____

Address: _____

Member's Health Care Number: _____

Other Hospital Insurance: _____

MEDICAL HISTORY

A. Are member's immunizations up to date? Yes No If no, state reason: _____

When was member's last tetanus inoculation? _____

B. Is there a history of any of the following: asthma fainting spells convulsions heart problems diabetes
 epilepsy lung problems any other problems, please explain: _____

C. Does member have any allergies? Yes No

Name all allergies. (e.g. medications/foods/plants/animals/ environmental etc.): _____

D. Does member take any medications? Yes No

| NAME OF MEDICATION | REASON | DOSAGE | TIMES TAKEN |
|--------------------|--------|--------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

E. Does member have any difficulties with any of the following?

Eyes Yes No Remarks: _____

Does member wear: Glasses Yes No Contact Lenses Yes No Denture Plate Yes No

Ears Yes No Remarks: _____

Nose Yes No Remarks: _____

Throat Yes No Remarks: _____

Digestion Yes No Remarks: _____

Sleepwalking Yes No Remarks: _____

Any other difficulties Yes No If yes, please explain: _____

F. Are there any physical activity restrictions? Yes No If yes, please list and explain: _____

G. Is member on a "Special Diet"? Yes No If yes, what kind: _____

*4-H members attending Provincial 4-H residential opportunities/conferences may request special diets.
(Must be requested at least three weeks prior to program/opportunity). e.g. Provincial 4-H Club Week, Youth Action, etc.
Mail or fax to: B.C. 4-H, P.O. Box 490, Enderby, BC, V0E 1V0, Fax: 1-250-838-0343.

(Signature of Parent/Guardian)

(Date)

I have read and understand this B.C. 4-H member-parent release form. I agree that I participate voluntarily upon the basis of its terms.

(Signature of 4-H Member)

(Date)

MEDICAL TREATMENT RELEASE FORM

I, _____ (please print) as the parent or guardian under circumstances as stated below, hereby authorize the chaperone/leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my child or ward, _____ (please print), and I agree to accept complete financial responsibility in excess of the benefits allowed by the Provincial Health Plan:

1. Where the health and well being of my child/ward is involved.
2. Where medical advice has been such that further services are required – services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the chaperone/leader in charge of the program as to what steps must be taken for the welfare and safety of my child/ward.

Dated at _____ in the Province of _____

this _____ day of _____, 20 _____

Signature of Parent or Guardian