



MEMBER – PARENT RELEASE FORM

POLICY:

The 4-H Member-Parent Release Form must be completed by the 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 the 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.



MEMBER – PARENT RELEASE FORM

I, (parent name) _____ am the (parent/guardian) of (4-H member) _____
_____ 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 member assuming mature, responsible and safe behaviour while in attendance. The standards of behaviour include the following rules:

1. Possession or use of alcoholic and/or illegal drugs is absolutely prohibited.
2. No 4-H member may leave the grounds without 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.

Legal 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

PLEASE CIRCLE EITHER YES OR NO TO INDICATE MEDICAL CONDITION

A. Is the 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 the member have any allergies? Yes No

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

