

4-H CAPITAL DAYS HEALTH/INSURANCE FORM
ALL INFORMATION IS STRICTLY CONFIDENTIAL

Name of Registrant: _____ Date of Birth: _____ County: _____

Name of Parent/
Legal Guardian: _____ Home Address: _____
(include city, state, & zip code)

Home phone: (____) _____ Emergency phone: (____) _____

Type of Insurance Coverage: _____ Subscriber of Policy: _____ Contract # _____

Address of Insurance Company: _____ Home Physician: _____ Phone: (____) _____

Please indicate below any physical problem(s) that may require special attention: (e.g., anxiety, depression) **CHAPERONE:** YES OR NO

Any Special Dietary Needs: (e.g. vegetarian, allergies)

PROGRAM POLICY:

Delegates will be assigned a double occupancy room. Disruptive Delegates' parents/guardians will be notified and Delegates will be sent home.
Delegates are responsible for any damages that occur to the room during their stay.
Any disturbance or emergencies should be reported to a chaperon or committee member.
Alcohol and drug use is strictly prohibited.
Photos taken of Delegates during the 4-H Capital Days Program may be used to promote 4H Youth Development in written materials and on the 4-H web site. **Permission to use the photos is granted.**

I give my permission for my son/daughter, _____ to be medically treated, as appropriate, in the event of an emergency or illness. I also understand the program policy and agree to follow the policies outlined above.

Parent or Guardian's Signature _____ Date _____ Youth's Signature _____
(Must be signed by parent or guardian and youth)

FOR CHAPERONES ONLY: I give my permission to be medically treated, as appropriate, in the event of an emergency or illness and I also understand the program policy and agree to follow and enforce the policies outlined above.

Signature of Chaperone Date

Please complete this form and give it to your chaperone. Applicants will not be permitted to participate without a completed health/insurance form with all the appropriate signatures. Please note: Chaperones must sign their own form.