

CORNELL COOPERATIVE EXTENSION Permission Slip and Medical Release Form

Please Print:
 Name _____ Date of Birth _____
 Address _____
 Activity _____ Dates _____
 Locations _____
 Activity Director: _____

Leave this space blank for Public Notary

Medical Information:
 Check any and all that apply to your child:

- Infections**
- Ear Infections
 - Rheumatic Fever
 - Convulsions
 - Diabetes
 - Other specify _____

Parental Permission: (Please initial each line)

- _____ 1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
- _____ 2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
- _____ 3. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.
- _____ 4. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in Animal Science activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

I have asked _____ to be responsible for my child during the above mentioned activity.

Chaperones please initial each line

- _____ Chaperones must have the authority to make decisions which reflect on the health and safety of the individual and the group. This would include disciplining, making recommendations for calling parents/guardians or to take youth home, and deciding appropriate time to leave events. (e.g. bad weather, driving conditions, etc.)
- _____ Chaperones must be at least 21 years of age.
- _____ The use of tobacco in all forms is limited to designated areas only.
- _____ While supervising 4-H members, chaperones need to refrain from the consumption of alcohol. There will be no consumption of alcohol during a 4-H activity or in 4-H designated areas.
- _____ Chaperones must act in a mature manner recognizing they are role models for 4-H members.
- _____ Chaperones should maximize the educational value of events for youth.
- _____ Chaperones will exercise mature judgment and action to assure health and safety of participants.
- _____ Chaperones must be available for those youth for whom they are in charge.
- _____ I understand my responsibilities as chaperone and agree to abide by the rules as outlined above.

**THIS FORM
STAYS WITH THE
CHAPERONE OF
YOUR CHILD.**

Chaperone Signature: _____ Date _____

In case of emergency contact:

Name _____ Relationship to child _____ Phone Number _____
 Name _____ Relationship to child _____ Phone Number _____
 Name _____ Relationship to child _____ Phone Number _____
 Name of Medical Insurance Co. or Gov. Program (Medicaid, etc.) _____ ID # _____

Parent or Guardian Signature _____ Date _____

Date of Last Tetanus Booster _____

Allergies

- Hay Fever
- Insect stings
- Ivy Poisonings
- Penicillin
- Other (specify) _____

Current prescribed medication (specify) _____

Please specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Physician's Name _____

Phone Number _____