

# New York State 4-H Permission Slip

Information in this form will be used to help ensure a safe, positive experience for you and/or your child. Only Cornell Cooperative Extension and 4-H staff (including the event coordinator and medical director) will be able to view this form and information will only be used as needed.

Activity Date(s) and Location: NYS 4-H virtual and in-person Events for the 2021 4-H Year (October 1, 2021 – September 30, 2022) at Cornell University (including bowling, gym, and pool activities), NYS Fairgrounds, and other locations

Activity Director: CCE 4-H staff

## Participant Information (please print):

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Check one:     Youth    Adult Volunteer     CCE staff

If youth: Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Address (city, state, and zip code): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Release

### Family Medical and Hospitalization Coverage

Type of Insurance Coverage: \_\_\_\_\_

Subscriber of Policy: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Identification/Policy #: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical History – please check all that apply

#### Medical Conditions

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Asthma
- Other (specify): \_\_\_\_\_

#### Allergies

- Hay Fever
- Insect Stings
- Ivy Poisonings
- Penicillin
- Other (specify): \_\_\_\_\_

#### Food Allergies/Dietary Restrictions

- Peanuts
- Milk
- Eggs
- Tree Nuts
- Seafood/Shellfish
- Gluten Products
- Other (specify): \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Current Prescribed Medication (specify): \_\_\_\_\_

The nurse/medical director will inventory and collect all medications (with the exception of epi pens and inhalers) at registration, and keep them locked at the nurse's office. As needed, participants will request their medication from the nurse for self-administration. Any need for assistance (e.g., injection) will be referred to Gannett Health Center or closest medical facility.

Please specify any other health concerns, physical activity restrictions, and/or any other information you want 4-H staff and chaperones to be aware of on behalf of your child's welfare.

Participant Full Name (please print): \_\_\_\_\_

County: \_\_\_\_\_

Parent/Guardians

- 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.
- I hereby give permission for the nurse/medical director to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described above.

Initials: \_\_\_\_\_

Adult Participants

I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

Initials: \_\_\_\_\_

**Communication Strategies**

CCE Staff or volunteers may use a variety of communication methods (for example: email, text messaging, and/or messaging through social media or apps) to support programming. For example, they may need to connect with a youth person at State Fair at curfew time or get together for a county photo at Career Explorations.

Parent Guardians - Check if you DO consent:

- Communications directly to your child
- Communications with parent/guardian cc-ed on message

Initials: \_\_\_\_\_

Initials: \_\_\_\_\_

Adults - Check if you DO consent:

- Communications directly to yourself

Initials: \_\_\_\_\_

What is your preferred communication method(s)?

\_\_\_\_\_

**Photo Release**

Cornell University is granted permission to use and/or publish my or my child's photograph or image (including: audio, film, digital image, virtual programming, or any other media) for educational purposes on their respective websites or for the promotion of their respective programs. I understand that I/my child/ward are not being compensated in any way for the use of our images and that I/we do not have approval over the final product in which it appears. I hereby release Cornell Cooperative Extension, Cornell University, and all persons acting under their permission or authority from any and all claims or liability arising out of use of our images. This release shall bind our heirs, guardians, assigns, and legal representatives.

- Check here if you DO consent.

Initials: \_\_\_\_\_

**Program Evaluation Consent.**

Through participation in Cornell Cooperative Extension and 4-H programs, you or your child may be asked to complete a survey about their experiences in the program or activity. The New York State 4-H State Office at Cornell University regularly uses data collected from these surveys for evaluation efforts designed to inform our programming and to provide better, more meaningful educational experiences in the future. Participation in the survey is anonymous, voluntary, and there is no impact on program participation if someone refuses to complete a survey. A participant, parent, or guardian may withdraw consent at any time and a participant may refuse any survey request at any time.

- Check here if you DO consent.

Initials: \_\_\_\_\_

## COVID- 19 Assumption of Risk, Waiver, and Release of Liability

I understand and acknowledge that COVID-19 is a global pandemic and a public health risk. I understand that the risk of becoming exposed to or infected by COVID-19 at Cornell University may arise from the actions, omissions, or negligence of myself, my child and/or others. I recognize that the University cannot limit all potential sources of COVID-19 infection. I knowingly and voluntarily assume all risks, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure or infection with COVID-19, for myself, my child, and my family. I fully understand the risks, I knowingly and voluntarily waive and release Cornell University trustees, officers, agents, volunteers, employees, and students (the "Released Parties") from all present and future claims of any type, including negligence, for any harm or loss, including but not limited to, economic loss, personal injury, disease, death or property damage suffered by me, my child, or my family, as a result of my child's participation in a Cornell University program, camp, or activity or as a result of my child's presence or my presence on Cornell University's campus (the "Activities"). I agree to indemnify, hold harmless, and covenant not to sue the Released Parties for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of the Activities.

## Monitoring and Supervision of Minor during Virtual Learning

I promise to provide a suitable non-public place, like my home, for my child to participate in the Program sessions and understand that Cornell University encourages parents to have someone over eighteen (18) years of age present or nearby my child during all Program sessions and for the entirety of each session. I further understand and acknowledge that, based on the fact that the Program sessions are occurring via web-conference or other online platform, neither Cornell University nor their faculty, staff, students, and volunteers are responsible for monitoring or supervising my child during the Program sessions.

## Permissions Granted

I hereby consent or 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.

Parent/Guardian or Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_