Participant Full Name (please print): _____ County: _____

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 Events for the 2025-2026 4-H Year (October 1, 2025 – September 30, 2026) 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.

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: _____

Participant Full Name (please print): _____ County: _____

NYS 4-H Permission Slip (page 2)

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 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: _____

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: _____