

Through the 4-H Government Program, each student will have a unique experience to learn how local government works and how they can have a part. This program will involve observing meetings, attending sessions, researching information to develop your resolution, as well as submitting journal entries of experiences and feelings following each meeting/session.

TEACHER/PARENTAL CONSENT

Please have the teacher who recruited you for the 4-H Government Program and a parent/guardian complete this form. The completed form needs to be submitted to the 4-H Government Coordinator as the signatures on file.

To be excused for early release, a note or permission slip will need to be sent with the student on that day.

We understand that _____ is required to be in attendance at the 4-H Government Program on the designated dates, times and locations. However, on certain occasions and for the legitimate reason(s), we may need to grant _____ permission to leave the program before the designated time of program dismissal.

Government Teacher: Please initial: _____
Parent/Guardian: Please initial: _____

MEDICAL RELEASE

Child’s Name _____
Parent/Guardian _____ Phone _____
In case of emergency, contact _____ Phone _____

Activity: 4-H Government Program Date: Fall Semester Location: OC Office Bldg.
Activity Director: Jennifer Lynn Reynolds

Medical History Check any and all that apply to your child: Date of last Tetanus Booster _____

- Illnesses

Ear Infections _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Other (specify) _____
- Allergies

Hay Fever _____

Insect Stings _____

Ivy Poisonings _____

Penicillin _____

Other (specify) _____

Current prescribed medication(s) (specify) _____

Family Medical and Hospitalization Coverage _____
Name of Insurance Company of Government Program _____
Identification/Policy # _____
Family Physician’s Name and Phone Number _____

PHOTO RELEASE

Cornell Cooperative Extension of Oneida County (CCE) is granted permission to use and/or publish my or my child’s photograph(s) or image (including audio, film, digital image or any other media) for educational purposes, including on its website, in newsletters, publications, marketing materials, etc., for promotion of CCE and CCE programs/services. I also grant CCE the right to distribute, display, broadcast, exhibit, and market said photograph(s), either alone or as part of a finished production, for commercial or non-commercial purposes as CCE or its employees and agents may determine. This includes the right to use said photograph(s) for promotion or publicizing any of these uses.

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 CCE and all persons acting under its 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.

If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Parent/Guardian: Please initial: _____

CODE OF CONDUCT

Students participating in 4-H Government are required to conduct themselves according to the following Code of Conduct. The following are not permitted at 4-H Government Program:

- ◇ Clothing printed with:
 - ◆ Advertisements for tobacco or alcohol
 - ◆ Inappropriate, lewd, or suggestive messages
- ◇ Revealing clothing such as (but not limited to):
 - ◆ Inappropriately short skirts or shorts
 - ◆ Revealing (including midriff-baring) tops
 - ◆ Pants worn to show underwear
- ◇ Possession, consumption/use or distribution of alcohol, illegal drugs, and all tobacco products
- ◇ Cheating or misrepresenting project work
- ◇ Theft, destruction, or abuse of property
- ◇ Unauthorized absence from program site
- ◇ Physical, verbal, emotional, or mental abuse of another person
- ◇ Possession or use of a weapon (
- ◇ Possession or use of harmful object with the intent to hurt or intimidate others.
- ◇ Other conduct deemed inappropriate for the youth development program by Cornell Cooperative Extension Oneida County staff, or volunteer leader (including but limited too restriction or ban of cell phone use)

If this code is violated, the following steps may be taken:

1. The parent(s) may be called and arrangements made for transportation home at the parent’s expense
2. The Student may be barred from participating in 4-H Government Program
3. If any laws are violated, the case may be referred to the police.

Parent/Guardian: Please initial: _____

PERMISSION GRANTED

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension 4-H Government Program on the date(s) and at the location(s) indicated.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking if needed.

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 on previous page, to be medically treated by a physician or medical facility as appropriate.

I have listed below any special needs, physical limitations and/or special dietary needs that my child has.

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____

Government Teacher Name: _____

Government Teacher Signature: _____ Date _____

Please email Jennifer Lynn Reynolds JLR457@cornell.edu you have any questions.