



**University of California**

Agriculture and Natural Resources ■ 4-H Youth Development Program

## 2019 GLENN COUNTY 4-H

### TEEN CAMP COUNSELOR INFORMATION

(June 26-June 30, 2019)

Being selected as a Teen Camp Counselor is an excellent opportunity to enhance and share your leadership skills AND provide an enjoyable experience for younger youth as campers. The major responsibility of a counselor will be to serve the campers. Think of this opportunity as a job. If this appeals to you, we encourage you to apply to be a member of the 2019 4-H Camp Staff.

All Glenn County teens, who will be 14-18 years of age by Dec. 31, 2018, are eligible to apply. Prior 4-H camp experience is not required. You need not be a current 4-H member. All those applying for counselor positions MUST submit an application and attend an interview. The following are important dates and your attendance is required as noted:

**APPLICATIONS DUE:** Monday, January 21, 2019

**INTERVIEWS:** Three options: **1.) Sunday, January 27, 2019; 2.) Saturday, February 2, 2019-** beginning at **12:00 p.m.** at the UCCE Office, 821 E. South Street, Orland.

**CALL:** (530) 865-1107 (8:00 a.m. - 5:00 p.m.). Call the UCCE Office to schedule an interview date and time. The office is closed between the hours of 12:00 p.m.-1:00 p.m. and after 5:00 pm. Please leave a message if you call during these times.

**STAFF TRAINING & PLANNING MEETINGS:** All meetings will be held at the UCCE Office.

- ❖ **Sunday, February 10 at 2:00 p.m.**
- ❖ **Thursday, March 7, at 6:30 p.m.**
- ❖ **Sunday, April 7, at 2:00 p.m.**
- ❖ **Wednesday, May 22, at 6:30 p.m.**
- ❖ **Sunday, June 2, at 2:00 p.m. – Mandatory Safety Meeting**
- ❖ **Thursday, June 20, at 6:30 p.m.**
- ❖ **Camp Work Days: Saturday, June 15, at 2:00 p.m. and Saturday, June 22, at 2:00 p.m.**

To attend camp, counselors **MUST ATTEND** four of the six scheduled meetings and one Camp Work Day. These meetings are very important for a successful camp. **NO EXCEPTIONS!**

***Again this year, there will be no cell phone use at camp, except in emergencies. The phones will be kept by 4-H staff for safe keeping.***

**4-H CAMP at Mt. Lassen Camp:** Counselors attend the full length of camp. Camp dates for counselors are **Wednesday, June 26 through Sunday, June 30**. Your full time attendance is required. Anticipated fees are \$50.00, plus \$65.00 for 4-H enrollment if you are not currently a 4-H member. (Fee waivers are available for enrollment costs.)

If you have any questions, please call the UCCE Office at 865-1107.

UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION GLENN COUNTY

P. O. Box 697, Orland, CA 95963-0697 Telephone (530)865-1107 Fax (530)865-1109 <http://ceglenn.ucanr.edu>

*It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/169224.pdf>)*

*Inquiries regarding ANR's nondiscrimination policies may be directed to John Sims, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.*

*To simplify information, trade names of products have been used. No endorsement of named products is intended, nor is criticism implied of similar.*





**University of California**

Agriculture and Natural Resources ■ 4-H Youth Development Program

**2019 GLENN COUNTY 4-H  
TEEN CAMP COUNSELOR APPLICATION**

**Applications Due: Monday, January 21, 2019** to the UCCE Office.

**Interviews:** Three options: 1.) Sunday, January 27, 2019; 2.) Saturday, February 2, 2019; 3.) Sunday, February 3, 2019- beginning at 12:00 p.m. at the UCCE Office, 821 E. South Street, Orland.

**RETURN COMPLETED BY Monday, January 21, 2019**

- Teen Counselor Application & Emergency Contact Form
- Signed Code of Conduct Form
- Signed Camp Rules
- Youth Treatment Authorization Form
- Child Release Form
- Letter of Recommendation
- Written Summary (Returning Counselors)
- Completed 4-H Enrollment Packet (if not already enrolled)

**Returning Counselors:** Write a summary of last year's camp experience on a separate piece of paper. Write what you believe your roles at camp as a counselor should be (think of it as a job description). Include what worked well and what could be improved from last year's camp.

Name: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Circle: Male Female

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ COUNTY: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
(as of December 31, 2018)

**IN CASE OF EMERGENCY & UNABLE TO CONTACT PARENT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_



## APPLICATION QUESTIONS

1. Have you attended the Glenn County 4-H Camp in previous years? Yes No  
If yes, list what year(s) and whether you were a counselor or camper.

2. Tell us about 3 of your previous experiences working with children? (i.e., babysitting, church, jr. leader, other?) What did you like and dislike about working with kids?

3. What do you believe 4-H Camp's goal should be?

4. List at least 3 possible new camp themes.

5. Describe 3 new program areas or camp activity ideas you have for camp this year?

7. Are you able to attend the four (4) out of six (6) scheduled camp staff training/planning meetings (Dates are listed in the description)?

Yes No

**If you are unable to attend due to an emergency, you must contact the UCCE Office prior to the meeting. Un-excused absences will not be accepted. NO EXCEPTIONS!**

8. Will you be able to stay for the duration of camp?

Yes No

9. Do you agree to abide by all the rules in the Code of Conduct?

Yes No

10. Please list 3 references, not related to you, that we may contact:

Name:

Phone:

Relationship:

How many years known:

Name:

Phone:

Relationship:

How many years known:

Name:

Phone:

Relationship:

How many years known:

**If you have any questions for camp staff regarding Camp, please list them below:**

**Call:** 865-1107 to schedule an interview date and time. You may leave a message on the machine as we are closed the following hours: 12:00 p.m. - 1:00 p.m. and after 5:00 p.m. We are open until 6:00 p.m. on Mondays.

**Teen Camp Counselor commitment statement:** If chosen as a Teen Camp Counselor, I will commit to understanding the requirements and responsibilities of being a good Camp Counselor. I will commit to complete all the trainings and being at 4-H Camp each day for my assigned camp session. I understand that being a Camp Counselor is a huge responsibility and I will be attending camp not as a camper but as a role model for younger campers. I am willing and able to give of myself to help them grow and develop and enjoy 4-H camp. I submit that all information on this application is true and complete. I have read and understand the role and description of a Camp Counselor and will abide by the practices set forth by the Glenn County 4-H Camp Committee. I understand that if I do not meet the standards of a responsible Camp Counselor, I will be dismissed from my duties. This role and description is not intended to be all inclusive.

**Print Camp Counselor Name**\_\_\_\_\_ **Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Parent/Guardian commitment statement:** As a parent/guardian of the youth completing this application. I understand the necessity to only select individuals who will be committed to the 4-H camping program. I will, to the best of my ability, support and encourage my child to uphold their commitment to the Glenn County 4-H Camp Committee. I understand that if I do not meet the standards of a responsible Camp Counselor, I will be dismissed from my duties. This role description is not intended to be all inclusive.

**Print Parent/Guardian Name**\_\_\_\_\_ **Signature of Parent/Guardian**\_\_\_\_\_

**Date**\_\_\_\_\_

**Print Parent/Guardian Name**\_\_\_\_\_ **Signature of Parent/Guardian**\_\_\_\_\_

**Date**\_\_\_\_\_



**University of California**

Agriculture and Natural Resources ■ 4-H Youth Development Program

## CHILD RELEASE FORM

(PLEASE PRINT)

I, \_\_\_\_\_ give the Glenn County  
(Parent or guardian)

4-H Program permission to release my child/children, \_\_\_\_\_

(Name of child/children)

to the following people:

*(They will only be released to either you or one of the following listed people.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE (parent or guardian)

***This form MUST be returned with your camp application to the UCCE Office, P.O. Box 697, Orland, CA 95963.***

### BELOW FOR OFFICE USE ONLY

PRINTED NAME OF PERSON PICKING UP CHILD

SIGNATURE OF PERSON PICKING UP CHILD





## Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

### I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### While attending 4-H overnight events, I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

## Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

## Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

County: \_\_\_\_\_ Member Name: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# **CAMP RULES**

*Camp Teen Counselors*

*University of California, Glenn County Cooperative Extension*

The following guidelines are designed to make your experience at 4-H Summer Camp satisfying to you and to all others attending. **The individual rights, safety and property of others must be respected.**

## **1. Respect the rights and property of others.**

- Do not touch other camper's belongings.
- Disrespectful, abusive language will not be a part of camp (No profanity, racial slurs, or putdowns).
- Do not damage or deface camp facilities or property.
- Rudeness, lack of courtesy, and disrespect for authority will not be tolerated. Fighting and threatening physical abuse is not acceptable behavior.
- Boys are not allowed in the girls' cabins; Girls are not allowed to visit boys in their cabins. All campers must be invited to enter other cabins.
- All clothing worn shall be within the bounds of decency and in good taste. No halter tops, tube tops or bare backs or shirts that show cleavage or excessively baggy or tight fitting clothes will be acceptable.
- Items of clothing which display profanity; advertises gang affiliation or products or slogans which promote tobacco, alcohol or drugs or are in any way distracting, will not be allowed.
- Swimsuits may be worn only to/from showers.

## **2. Be concerned for the safety of campers and staff.**

- No running in camp unless during an organized activity.
- Must wear closed-toe shoes for camp activities. Sandals are not safe on uneven terrain. Sleeping area shall be kept neat and free of litter.
- Throwing objects is not allowed unless it is a planned activity such as sports (throwing rocks will not be tolerated). No jumping or swinging on the beds or the cabins.
- Campers and teen counselors cannot leave the grounds without an adult and must have the Camp Director's or 4-H staff's permission. Adult staff must also have the Camp Director's or 4-H staff's permission. No swimming will be permitted in the fish pond.
- All prescriptions and over the counter drugs must be given to the Camp Nurse immediately upon arrival at camp.
- All meals and snacks are provided; **do not** bring extra food, candy, drinks or snacks. Food in the cabins will attract insects, squirrels and other wildlife.
- Knives will be provided for fishing. Do not bring knives of any type; they will be confiscated.
- Youth who bring their own cars are to turn in their keys to the Adult Camp Director or the 4-H staff.

## **3. 4-H Camp is a fun experience and everyone is to participate in the planned activities.**

- When you hear the bell, report immediately to the camp fire area.
- Be on time and ready to participate.
- If ill, report to the camp medical staff.
- Be a positive team member for your group and cabin.
- "Lights Out" means quiet and in bed.
- The camp telephone is only to be used with the permission of one of the following: Camp Director, 4-H Staff or Camp Nurse. Using cell phones will not be allowed except for emergencies (reception is poor, anyway). Phones will be kept by 4-H staff for safe keeping. If a child or teen wishes to make a call, they can contact an adult to make arrangements. Everyone must check in/out with the Camp Director or 4-H Staff when leaving or coming into camp.

**4. The following items and activities are not allowed in camp (no second chances). Campers, teen counselors and adult staff having or doing such will be sent home at the first infraction and at their own expense.**

- No alcoholic beverages, knives, firearms, fireworks, illegal drugs, matches, and tobacco are allowed.
- No gambling or betting with money, overt display of affection between anyone, fighting, threatening/physical abuse, stealing, tampering with emergency equipment, and being under the influence of drugs or alcohol are allowed at camp. Boys are not allowed in the girls' cabin area; Girls are not allowed in the boys' cabin area.

**CONSEQUENCES:**

**The following steps will be followed if a camper, teen counselor or adult staff member does not abide by the rules.**

**1st Infraction: Discuss the inappropriate behavior with an adult staff member or teen counselor and clarify the rule.**

**2nd Infraction: Camp Director or 4-H staff will discuss the inappropriate behavior and give a "time out" or appropriate consequence. Camper's appropriate attitude and/or behavior will be discussed.**

**3rd Infraction or Any Behavior Listed in Rule # 4: Camp Director or 4-H staff will request parent to pick up camper or teen counselor to be taken home at their expense and camp fee will not be refunded. Adult Staff members will be asked to leave camp immediately.**

Additional consequences may be releasing the individual to the nearest law enforcement agency, assessing the cost of damages and repairs in the event of destruction of property, barring the individual from future 4-H activities, and/or termination of 4-H membership. Parents will be notified of any action taken.

All youth including teen counselors are not covered by UC liability when driving, to or from 4-H Camp. There is no insurance coverage for anyone under the age of 18, driving themselves or anyone else. If your child is being driven by anyone under 18 to and from camp, a letter with your permission and acknowledgment of this statement must be on file at the Cooperative Extension Office before they are driven.

Please return:

- ☐ Signed Code of Conduct
- ☐ Signed Camp Rules
- ☐ Camp Application and Emergency Contact Form
- ☐ Youth Treatment Authorization Form
- ☐ Child Release Form
- ☐ Letter of Recommendation
- ☐ Written Summary (Returning Counselors)
- ☐ Completed 4-H Enrollment Packet (if not already enrolled)



## **CAMP RULES**

*Camp Teen Counselors*

*University of California, Glenn County Cooperative Extension*

\*I, (Please Print) \_\_\_\_\_, have read and understand the Camp Rules and agree to abide by the stated rules. I also understand that if I do not abide by these rules, the consequences listed will be enforced.

Youth/Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_

**All youth campers and teen counselors must include parent/guardian signature below:**

\*I, (Please Print) \_\_\_\_\_, parent/guardian of the above named youth have read and have assisted my child in understanding the above rules, and requirements as a camp participant. We both understand the consequences that will follow as listed above if my child does not abide by the rules,

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Youth Treatment Authorization Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2018** to **December 31, 2019**

**PARENT(S)/GUARDIAN(S)**

First & Last Name

Home/Work/Other  
Phone:

Cell Phone:

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

First & Last Name: \_\_\_\_\_ Home/Work/Other Phone: \_\_\_\_\_

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

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.



# University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

## Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

(please attach extra page if more space is needed)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination:

☐ Not Sure

☐ None

Please check over-the-counter medications that may be administered:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

---

---

---

---

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

---

---

Please include any additional remarks and special instructions to better assist emergency service personnel.

---

---

---

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

---

---

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

---

---

---



## 4-H Youth Member Paper Enrollment Form

(PAGE RETAINED BY THE MEMBER)

### Youth are eligible to participate in 4-H if they meet the following criteria:

- **Primary Member** - Must be 5 years old by December 31 of the program year. Primary members cannot enroll in large animal projects. Youth enrolling who turn nine on or after January 1st must participate as a Primary Member until the end of the program year.
- **Junior, Intermediate and Senior Members** - Must be 9 years old by December 31 of the program year and may continue in the program until December 31<sup>st</sup> of the calendar year in which they become 19 years of age.

### 4-H Youth Member Enrollment Process – when Paper Form submitted

1. Complete all forms of the 4-H Youth Member enrollment form packet.
2. Parent/Guardian of youth member keeps the following pages:
  - a. 4-H Youth Member Enrollment Form Information
  - b. Member Code of Conduct
  - c. Parent, Guardian, or Adult Participant Code of Conduct
3. Parent/Guardian of youth member submits the following documents to 4-H Club/Unit Leader:
  - a. 4-H Youth Member Enrollment Form with signatures (retained by County 4-H Office)
  - b. Parent Consent for Online Record Book (retained by County 4-H Office)
  - c. Waiver of Liability (retained by County 4-H Office)
  - d. Youth Treatment Authorization & Health History Form (retained by 4-H Club/Unit Leader)
4. Provide fee payment with submission of paper enrollment forms to the 4-H Club/Unit Leader
5. 4-H Club/Unit Leader or Enrollment Coordinator will enter the enrollment record for the youth into 4hOnline using submitted signed paper forms.
6. 4-H Club/Unit Leader will retain the Treatment Authorization & Health History Form.
7. 4-H Club/Unit Leader will submit all other signed enrollment forms to the County 4-H Office.
8. County 4-H Staff will verify receipt of required forms. When enrollment record is approved, 4hOnline status will show as Active and youth may participate in 4-H activities.
9. County 4-H Staff will invoice the 4-H Club Leader for enrollment. (Frequency determined by County 4-H Office)

*In some cases, these fees may be covered or waived by the 4-H Club/Unit or County 4-H Office.*

4-H Club/Unit Program Fees	\$
County 4-H Program Fees	\$
State 4-H Accident/Sickness Insurance and Program Fees (no-refunds once Active in 4hOnline)	\$54.00
	<b>\$65</b>

4-H Club/Unit Leader	County 4-H Office
	University of California Cooperative Extension



## **4-H Youth Member Paper Enrollment Form Information**

(PAGE RETAINED BY THE MEMBER)

In compliance with the California Information Practices Act of 1977, the following information is provided:

The information on this form is being requested by the University of California Cooperative Extension for use in its 4-H Youth Development Program. The individual completing this form may make inquiries concerning use of the information collected and may ask to review the form as well as other non-confidential personal information maintained on record by contacting the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative, or the Statewide 4-H Director at University of California, Division of Agriculture & Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu).

Information on this form is being requested under the authority of the Smith-Lever Act of 1914 covering Cooperative Extension activities and Article IX, Section 9 of the State of California Constitution covering the University of California. Ethnic information is requested to maintain compliance with Title VI of the Civil Rights Act of 1964 and sex information is requested to maintain compliance with the Title IX of the Education Amendments of 1972.

Statistical information on this form is being collected to satisfy the U.S. Department of Agriculture Extension Service reporting requirements for Affirmative Action and the Federal ES-237 annual 4-H Youth Program Report. Statistical information includes birth date, sex, ethnic information, residence location, and project name. Other personal information on this form is being collected to provide the County Extension 4-H Youth Development Advisors with information to assist in program planning. This information consists of name, address, phone, name of school, club/group name, club/group number, date, birth date, grade, and name of parent or guardian. Contact information collected will be used to send out correspondence and information about the program. The information must be on file in the county office as mandatory proof of enrollment for individuals in the above-mentioned clubs or groups, for purposes of 4-H accident and sickness insurance coverage.

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy (which includes pregnancy, childbirth, and medical conditions related to pregnancy or childbirth), physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), as well as state military and naval service. This policy is intended to be consistent with the provisions of applicable state and federal laws and University policies.

University policy also prohibits retaliation against any employee or person in any of its programs or activities for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or to any of its programs or activities.

In addition, it is the policy of the University and ANR to undertake affirmative action, consistent with its obligations as a Federal contractor, for minorities and women, for persons with disabilities, and for covered veterans. The University commits itself to apply every good faith effort to achieve prompt and full utilization of minorities and women in all segments of its workforce where deficiencies exist. These efforts conform to all current legal and regulatory requirements, and are consistent with University standards of quality and excellence.

In conformance with Federal regulations, written affirmative action plans shall be prepared and maintained by each campus of the University, including the Division of Agriculture and Natural Resources. Such plans shall be reviewed and approved by the Office of the President and the Office of the General Counsel before they are officially promulgated.

Inquiries regarding the University's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance and Title IX Officer, University of California, Davis, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1397.



## Parent, Guardian, or Adult Participant Code of Conduct

(PAGE RETAINED BY THE PARENT, GUARDIAN, OR ADULT PARTICIPANT)

All 4-H parents, guardians, or adult participants are subject to all of the requirements of the 4-H Policy Handbook. As well, all 4-H parents, guardians, or adult participants are subject to all other applicable University of California (UC) policies, and to all other relevant laws and regulations. The following requirements are critically important and, as such, constitute the California 4-H Youth Development Program (YDP) Parent, Guardian, or Adult Participant Code of Conduct.

1. Respect all 4-H participants including youth members, adult volunteers, parents, guardians, other adult participants, 4-H YDP staff, and other UC personnel.
2. Comply with all requirements of the State 4-H Office, UC Cooperative Extension (UCCE) County Directors, 4-H YDP staff, and other UC personnel.
3. Recognize the responsibilities of the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel in setting program standards, priorities, and direction.
4. Support implementation of the 4-H YDP as administered by the State 4-H Office, UCCE County Directors, 4-H YDP staff, and other UC personnel.
5. Recognize, respect, and support 4-H adult volunteers in performing the duties and responsibilities afforded to them by virtue of their role.
6. Take personal responsibility for any interpersonal conflict that may arise, whether with parents, guardians, other participating adults, adult volunteers, 4-H YDP staff, and/or other UC personnel; thereby demonstrating positive conflict resolution skills for youth members.
7. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### PROHIBITED BEHAVIORS AND ACTIONS

The following behaviors and actions are prohibited for all 4-H parents, guardians, or adult participants when engaged in any 4-H activity. The UCCE County Director\* may, if necessary in their sole judgment, immediately bar or censor involvement of any 4-H parent, guardian, or adult participant that does not comply. In such instances, the decision of the UCCE County Director\* is final.

1. Possession or use of alcohol, tobacco, smokeless tobacco products, e-cigarettes, unregulated nicotine products, illegal drugs, and/or any other inappropriate materials.
2. Participation while impaired in a manner that impedes making a constructive contribution to the 4-H program.
3. Driving any 4-H participant in any vehicle without a valid driver's license and proof of automobile liability insurance; and/or failure to ensure that all passengers use seat belts.
4. Use of abusive, obscene, and/or discriminatory language.
5. Attack or harassment; whether verbal, physical, written, or by the use of social media.
6. Engagement in discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran.
7. Be the subject of a criminal investigation or prosecution for a misdemeanor or felony offense.
8. Engagement in any other behavior that is illegal, unsafe, and/or does not support the 4-H mission.
9. Have private, one-on-one interactions with youth members, at *any time*, both during 4-H activities and outside of 4-H activities, (other than as approved by the youth member's parent/guardian), or an exceptional circumstance such as an emergency.
10. Engagement in any behavior that – in the sole judgment of the UCCE County Director\* – negatively impacts the 4-H program. This specifically includes, but is not limited to, conducting oneself in a manner that is uncooperative, uncivil, disrespectful, unproductive, disruptive, and/or insubordinate; as well as conducting oneself in a manner that requires undue supervision by UC ANR, UCCE personnel and/or 4-H YDP staff, such that time and effort is absorbed by activities that do not benefit youth members.

By receiving this document, I understand that I am expected to abide by the 4-H Parent, Guardian, or Adult Participant Code of Conduct. I understand that my involvement is contingent upon my compliance and that failure to comply may result in being barred or censored from 4-H activities.

\*When referring to regional (outside the authority of a single County Director) or state level infractions, this authority extends to the Statewide 4-H Director.



**4-H Youth Member Paper Enrollment Form – Print all information clearly.**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

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

**Complete questions below ONLY if you are enrolling in a new club or county:**

What county did you last enroll in?

What is the name of the last club you were in enrolled in?

If you are enrolling in a different club this year, paperwork must be submitted to the County 4-H Office.

**Family**

Last Name \_\_\_\_\_

Phone \_\_\_\_\_

Email\* \_\_\_\_\_

\*Family email must be used for 4hOnline login and 4-H State Newsletter will be sent here also (unless member email is different, then both will receive).

**Member Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email\* \_\_\_\_\_

Years in 4-H \_\_\_\_\_

City, State,  
Zip \_\_\_\_\_

Gender

☐ male ☐ female

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

**Parent/Guardian 1**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Work Ph., ext \_\_\_\_\_

**Parent/Guardian 2**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Work Ph. Ext. \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

**Emergency Contact Information** - (Must be an adult other than Parent/Guardian)

First & Last Name: \_\_\_\_\_

Home/work/other

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

Relationship: \_\_\_\_\_

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

**Ethnicity**

**Marking your ethnicity and race information will help us to offer more opportunities to ALL the youth in our state. At least one option must be selected for Ethnicity.**

Are you of Hispanic ethnicity? ☐ Yes ☐ No

**Hispanic**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Race**

**(If No is selected for Ethnicity, at least one option below must be selected.)**

What is your race?

**Please select all categories that apply.**

☐ **American Indian  
or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African  
American**

A person having origins in any of the Black racial groups of Africa

☐ **Native Hawaiian  
or Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Prefer Not to State**



**4-H Youth Member Paper Enrollment Form - Print all information clearly.**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

**Residence**

- ☐ Farm (Rural area where agricultural products are sold)    ☐ Suburb of city more than 50,000  
☐ Town under 10,000 and rural non-farm    ☐ Central city more than 50,000  
☐ Town/City 10,000 – 50,000 and its suburbs

**Military Service**

- ☐ No one in my family is serving in the military    ☐ I have a sibling serving in the military  
☐ I have a parent serving in the military

**Branch**

- ☐ Air Force   ☐ Army   ☐ Coast Guard   ☐ DoD Civilian   ☐ Marines   ☐ Navy

**Component**

- ☐ Active Duty   ☐ National Guard   ☐ Reserves

**School Information**

- Grade \_\_\_\_\_ School Name \_\_\_\_\_  
 County \_\_\_\_\_ District \_\_\_\_\_  
 Type    ☐ Public School   ☐ Charter School   ☐ Special Education   ☐ Homeschool / Alternative  
          ☐ Private School                                      ☐ Vocational Education                                      ☐ Magnet / Specialized School

**County Newsletter Preference**

- ☐ Postal                                      ☐ Email                                      ☐ Sign-Up for State Electronic Newsletter

- ☐ Check box if:  
 Monthly household cash income is at or below 185% of the Federal Poverty guidelines. If your child is eligible for/enrolled in free or reduced price school breakfast or lunch you meet this criteria. If yes, 4-H program fees will be waived. Please contact your county 4-H office regarding the request for waiver.  
 (Reference: <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>)

**Club \*Contact the County 4-H Office for a list of clubs and projects being offered this year to enroll in.**

Club Name	Officer				
	<input type="checkbox"/> President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Reporter	<input type="checkbox"/> Communications	<input type="checkbox"/> Sergeant-At- Arms
	<input type="checkbox"/> Vice	<input type="checkbox"/> Secretary	<input type="checkbox"/> Historian	<input type="checkbox"/> Other Officer	
	President				

**Project**

Club/Unit Name	Project Name	Years in Project	Leadership Role
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader
			<input type="checkbox"/> Junior/Teen Leader

By signing and dating this document, parent/guardian and youth certify that they have read, understand, and agree to the terms of the 4-H Member and 4-H Parent, Guardian, or Adult Participant Code of Conduct and Photograph and Information Release; and, further, that they understand and give their informed consent to exceptions to the 4-H policy on youth member supervision, when, from time to time, it may be impractical or impossible for a minimum of two adults to be present with youth. Enrollment in 4-H and an updated Treatment Authorization and Health History Form and Waiver of Liability must be renewed annually.

Signature of Youth

Date

Signature of Parent/Guardian

Date

County Use Only		Club Use Only		
Member ID#	Authorizations	Date Received	Treatment Authorization and Health History	CASH OR CHECK# Fees Paid \$





## Member Code of Conduct

(PAGE RETAINED BY THE MEMBER)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

### I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Use language that is respectful and kind. Not use curse words.
4. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
5. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
6. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
7. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
8. Follow the 4-H *Guidelines for Social Media* - <http://4h.ucanr.edu/files/133821.pdf>.
9. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
10. Follow the *California 4-H Dress Guidelines* - <http://4h.ucanr.edu/files/210170.pdf>

### While attending 4-H overnight events, I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

## Consequences

Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

## Photograph and Information Release

I give to The Regents of the University of California, National 4-H Council, National 4-H Headquarters (USDA), Cooperative Extension and units, its nominees, agents, and assigns, unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I (and minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

County: \_\_\_\_\_ Member Name: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Consent for 4-H Online Record Book

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Please Note: The 4-H Online Record Book is open to youth ages 9 and above.

The California 4-H Youth Development Program (YDP) offers a high quality experience for young people based on the latest research on positive youth development. Information from the 4-H enrollment system and the 4-H Online Record Book may be used to help us better understand young people and improve the 4-H YDP in California. Participation in this project is voluntary and your child may participate in the 4-H YDP even if he/she does not participate in the research and program evaluation. Additionally, participants may decide to withdraw from the research at any time and this will not affect their participation in the 4-H YDP. If you provide permission, information about your child from the 4-H enrollment system and the 4-H Online Record Book may be used for research and program evaluation. There is no direct benefit to the participant; the information gained from the research may be used to help improve the program.

All survey and demographic information will be stored on a secure encrypted server with restricted access. Names and other identifying information will be removed from all files. Your child's participation will be kept confidential, and will not be identified in any publication or in any data files shared with other researchers. If you decide to withdrawal your child from the research all data will be withdrawn from the research database.

If you have questions, please contact the State 4-H Office at [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu) or (530) 750-1334. For questions about your rights while taking part in this study call the Institution Review Board at (916) 703-9167 or write to IRB Administration, CTSC Building, Suite 1400, Room 1429, 2921 Stockton Blvd., Sacramento, CA 95817. Information to help you understand research is on-line at: [www.research.ucdavis.edu/IRBAdmin](http://www.research.ucdavis.edu/IRBAdmin).

Parents with youth ages 9 and above, check one box below:

☐ I give permission for my child's information from the 4-H enrollment system and 4-H Online Record book to be used for research and evaluation.

☐ I do not give permission for my child's information from the 4-H enrollment system and 4-H Online Record book to be used for research and evaluation.



**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

(PAGE SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND RETAINED BY THE COUNTY 4-H OFFICE)

Participant's Name  (Please Print)

Age (if minor)

County

Club/Unit

**Waiver:** In return for being permitted to participate in *California 4-H Youth Development Activities and Projects*, including associated use of the premises, facilities, staff, equipment, transportation, and services of the University, I, for myself, my heirs, personal representatives and assigns, **do hereby release, waive, discharge, and promise not to sue** The Regents of the University of California, its directors, officers, employees, and agents ("The University"), from liability **from any and all claims, including the negligence of The University**, resulting in personal injury (including death), accidents or illnesses, and property loss, in connection with my participation in *California 4-H Youth Development Activities and Projects*.

**Assumption of Risks:** Participation in *California 4-H Youth Development Activities and Projects* carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injury. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; to 2) major injuries such as eye injury, joint or bone injuries, heart attacks, and concussions; to 3) catastrophic injuries such as paralysis and death.

**Indemnification and Hold Harmless:** I also agree to indemnify and hold The University harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees arising out of my involvement in *California 4-H Youth Development Activities and Projects*, and to reimburse them for any such expenses incurred.

**Severability:** The further agree that this Waiver of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion thereof is held invalid, the remaining portions will continue to have full legal force and effect.

**Acknowledgment of Understanding:** I have read this Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I confirm that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor or Adult Participant

Date

THIS WAIVER APPLIES TO ALL CALIFORNIA 4-H YOUTH DEVELOPMENT ACTIVITIES AND PROJECTS INCLUDING, BUT NOT LIMITED TO PROJECT MEETINGS, CLUB MEETINGS, EDUCATIONAL FIELD DAYS, FIELD TRIPS, CAMPS, EXCHANGE PROGRAMS, FUNDRAISERS, COMMUNITY SERVICE ACTIVITIES, VOLUNTEER TRAININGS, FAIRS, AND PROJECTS.



**Youth Treatment Authorization Form - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2018** to **December 31, 2019**

**PARENT(S)/GUARDIAN(S)**

First & Last  
Name

Home/Work/Other  
Phone:

Cell Phone:

**EMERGENCY CONTACT INFORMATION:** (Must be an adult other than Parent/Guardian)

First & Last Name:

Home/Work/Other  
Phone:

Relationship:

Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

**AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

**NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

\_\_\_\_\_  
Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, [ca4h@ucanr.edu](mailto:ca4h@ucanr.edu). Only your own records are open to your review.



**Health History Information - Print all information clearly.**

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)  
(please attach extra page if more space is needed)

First Name

Last Name

County

Date of Birth

Date of last Tetanus Vaccination:

☐ Not Sure

☐ None

Please check over-the-counter medications that may be administered:

☐ Tylenol ☐ Ibuprofen ☐ Cough Syrup ☐ Decongestant ☐ Dramamine ☐ Antacid ☐ Polysporin

☐ Hydrocortisone ☐ Benadryl ☐ Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

☐ Or check this box if no information needs to be shared

---

---

---

---

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

---

---

Please include any additional remarks and special instructions to better assist emergency service personnel.

---

---

---

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

---

---

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.

---

---

---