



HEALTH & SAFETY AGREEMENT

Name _____ Age _____ Sex (M / F) _____

Date of Birth ____ / ____ / ____ Ontario Health Card Number _____
month day year

Parent's/Guardian's/Spouse's Name(s) _____

Address _____

Postal Code _____

Telephone: home () work #1 () work #2 ()

If a parent/guardian/spouse cannot be reached contact:

Name _____ Telephone () _____

Physician's Name _____ Telephone () _____

Information about special health conditions: _____

Describe special treatment required, list medications and use: _____

(*Further details on conditions, treatments, and medications are attached: Yes ____ No ____)

Do you have allergies to food – specify: _____

Medications – specify: _____

Insect bites – specify: _____

Do you carry an epipen kit or anakit? Yes ____ No ____
Can you use the epipen or anakit by yourself? Yes ____ No ____
Has standard immunization been completed? Yes ____ No ____

To be completed by parent/guardian or participant over the age of 18:

*To the best of my knowledge this 4-H participant is in good health and is able to participate in all activities, except as previously noted.
I will notify the person in charge of this activity if the participant is exposed to an infectious disease during the three weeks prior to the program.
If I cannot be reached in a medical emergency, I hereby give my permission to the physician selected by the person in charge of the 4-H activity to hospitalize, secure proper treatment, order injection, anesthesia or surgery for the participant as named above.*

Signature of Parent/Guardian or Participant if over 18 years of age Date

To achieve maximum benefits, Ontario 4-H activities require 100% cooperation and participation from all participants.

(PLEASE SEE OVER)

POLICIES

- ◆ All 4-H participants (members, volunteers, families, associations and sponsoring organizations) have a mutual responsibility to ensure the safety of the participants and the success of the 4-H activities.
- ◆ Possession and/or use of alcoholic beverages by participants at any 4-H activity targeted to 4-H members is forbidden and will result in disciplinary action.
- ◆ Possession and/or use of illegal drugs or inhalants is forbidden.

4-H activity organizers have the right to remove a participant from an activity to ensure the safety of all participants.

I _____ from _____
(Participant's Name) (County/District/Region)

understand and will adhere to the policies of the Ontario 4-H Council outlined for 4-H activities.

(Participant's Signature)

(Parent's/Guardian's Signature)

(Date)

(Date)

4-H Media Release Form

I hereby give permission for pictures, or other forms of media of myself or my child to be taken and potentially used for news reporting and/or the promotion of 4-H Locally, Regionally, and Provincially. This media may be in print form or on local or provincial 4-H websites in Ontario.

Name of 4-H Member or 4-H Volunteer: _____ Age: _____ (If a Member)

4-H Association: _____ Parent/Guardian Name _____

Exceptions requested: _____

Signature of Parent/Guardian or Participant if over 18 years of age

Date

For local/Association use: A copy of this release form is to be kept in the local 4-H files for the full duration that this media is accessible to the public (minimum of one year).

For Provincial use: PLEASE FAX OR MAIL COMPLETE FORM TO:
4-H ONTARIO – Attn: Program Manager 5653 Hwy 6 North, RR 5, Guelph, Ontario N1H 6J2
Tel # : 1-877-410-6748 / Fax #: 519-824-8759 or Email: programs@4-hontario.ca

Please note that the 4-H Media Release Form portion of this document is kept on file for five (5) years when obtained for provincial use. The document is stored at the 4-H Ontario Head office.

4-H Ontario respects the privacy of its members and volunteers. The information you provide will be used for the purposes intended with this use of this form. It may be used to keep members and volunteers up to date on activities of the Ontario 4-H Council and the Ontario 4-H Foundation, including programs, services, special events, funding needs and opportunities to get involved. For further information or to have specific names removed from our lists please contact our Privacy Compliance Officer at (519) 824-0101; toll free at 1-877-410-6748, fax at (519) 824-8759 or via our website at www.4-hontario.ca