



Medical Release Form

Please print: Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_
Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_
In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical History

Check any and all that apply to your child:
Illnesses: Ear Infections, Rheumatic Fever, Convulsions, Diabetes, Other (specify)
Date of Last Tetanus Booster
Allergies: Hay Fever, Insect Stings, Ivy Poisonings, Penicillin, Other (specify)

Current prescribed medication (specify) \_\_\_\_\_

At the bottom of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program \_\_\_\_\_
Identification/Policy # \_\_\_\_\_
Family Physician's Name and Phone Number \_\_\_\_\_

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.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_
Parent or Guardian

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Building Strong and Vibrant New York Communities

**CORNELL COOPERATIVE EXTENSION  
Acknowledgement of Risk Form**

*This form must be completed before child may participate.*

I hereby grant permission for my child \_\_\_\_\_ to participate in all activities sponsored by Cornell Cooperative Extension of Seneca County between **October 2008 and September 2009** and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in such activities and use of any equipment related to such activities may result in injury, illness, or death, and damage to personal property. I understand other participants, accidents, forces of nature, or other incidents may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health. I understand that he/she will participate in strenuous physical activity.

**I HAVE READ THE ABOVE AND BY SIGNING BELOW, I AGREE IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE INDICATED ACTIVITY.**

The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in this activity shall be venued in the Supreme Court of the State of New York located in the county of the Extension office.

PARENT/GUARDIAN'S NAME (print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please note:

This form, along with a code of conduct form signed by both youth and parent, will be kept on record at the Seneca County Cooperative Extension office for 1 year. A new form must be completed each year for youth to participate in that year's events. A copy of this form, along with a code of conduct form signed by both youth and parent, will be with the youth's chaperone at all times.

**October 2008 – September 2009**



# Cornell University

## Cooperative Extension

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### Code of Conduct

- ❖ All participants are expected to show respect for the property of others and the facility in which the event is being held.
- ❖ Participants are expected to behave in a polite, responsible manner that respects the rights and feelings of others.
- ❖ The possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items is prohibited.
- ❖ Any behavior that violates any of the laws of the United States or the State of New York or any local ordinance is also prohibited.
- ❖ Sexual behavior during the time frame of any event or activity is prohibited.
- ❖ Appropriate clothing must be worn at all times.
- ❖ No fighting, physical abuse, or verbal abuse will be permitted.
- ❖ Any damage to property is the responsibility of the participant.
- ❖ All participants must fill out a medical release before the start of an activity. This form will remain on file with CCE for 1 year.
- ❖ Report any accident, problems or illness *immediately* to chaperone.
- ❖ Participants should be accompanied by two other persons, either chaperone or participating youth, at all times.
- ❖ Parents will be responsible for transporting the participant to the predetermined meeting location at preset times.
- ❖ Participants will respect and respond to any chaperone's directions, whether or not the chaperone is from Yates County. Chaperones can use their judgement to determine if participant behavior is appropriate or not and take action accordingly.
- ❖ The youth, NOT the chaperone, is responsible for valuables.
- ❖ Participant will be required to check in with chaperone at times stated by the chaperone.
- ❖ Everyone is expected to adhere to the scheduled curfew and event schedule.
- ❖ If an overnight stay is required, male and female participants are not allowed to be in the room of the opposite sex.
- ❖ No one will leave the trip or event before its completion unless prior arrangements are made with the coordinator. In an emergency situation, the final decision will be at the discretion of the chaperone. Housing arrangements that have been made prior to the event with the CCE office will remain enforced unless alternate arrangements are made by the program coordinator.

*Your signature on your 4-H enrollment form acknowledges that you have read and understand the above Code of Conduct.*

*Cornell Cooperative Extension of Seneca County provides equal program and employment opportunities.*