



New Mexico 4-H Youth Medical and Liability Release Code of Conduct Contract and Media Release Form

Please Print

Form with fields for First Name, Last Name, Gender, Date of Birth, Address, City/State, Zip Code, County, Home/Work Phone, Cell Phone, Email, and disability/allergy questions.

New Mexico 4-H Code of Conduct

I pledge my Head to clearer thinking, means a 4-H'er is committed to learn the knowledge and skills to enable them to make wise decisions through opportunities that develop independence.

Expectations

- Possession or consumption of alcoholic beverages is prohibited.
• Possession or use of harmful non-prescribed drugs is prohibited.
• Smoking or using other tobacco products is prohibited.
• Participants will show respect for the property and facilities used during the event...

If I break this agreement, I understand the following disciplinary actions will be taken:

- I will be sent home immediately at my own expense and forfeit all 4-H awards and trips.
• I will be suspended from attending any State 4-H event for one year (defined as through that same event the following year) from the time of infraction.
• I will not be allowed at any time during the suspension year to represent 4-H in any leadership position on the county, state, or national level.

*For additional information or clarification related to conduct expectations or disciplinary actions refer to the New Mexico 4-H Policies and Procedures Manual.

I understand that my behavior affects the entire 4-H Community and that I represent myself, my club, county and state 4-H program as well as the overall 4-H Youth Development Program.

4-H Member's Signature

Date

Parent/Guardian Agreement of Expectations

I have read and understand the expectations and penalties related to the Code of Conduct and agree to be bound by them.

Parent/Guardian Signature (Must be signed by parent or guardian)

Date



New Mexico 4-H Media Release

Participants in NMSU, Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in NMSU promotional and educational materials. I authorize New Mexico State University to record and photograph the image and/or voice of my child for use by New Mexico State University or its assignees in research, educational, and promotional programs. I understand and agree that these audio, video, film, digital, and/or print images may be edited, duplicated, distributed, reproduced, broadcast, used in electronic and web media, and/or reformatted in any form and manner without payment of fees, in perpetuity. If you **DO NOT** consent to media release, please initial this line _____

New Mexico 4-H Medical Information
Medical Emergency Contact Information

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

Physician & Insurance Policy Information

This member is covered by health insurance: Y <input type="checkbox"/> N <input type="checkbox"/>	
Insurance Company:	Policy/Plan #:
Policy Holder's Name:	Relationship to Participant:
Physician Name:	Physician Phone:

Health Information

Please indicate if the youth has any of the following medical conditions (**check all that apply**):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Diabetes/Hypoglycemia
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Stomach/Intestinal
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Heart/Cardio Vascular
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Muscular/Skeletal	<input type="checkbox"/> Emotional/Mental Disorders
<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Eye/Ear/Nose/Throat	<input type="checkbox"/> Chronic Bone, Muscle or Joint Injuries
<input type="checkbox"/> Other condition(s): Please specify:		

Allergies or Reactions (check all that apply):

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Dairy	<input type="checkbox"/> Gluten	<input type="checkbox"/> Peanuts
<input type="checkbox"/> Insect Bites/Stings	<input type="checkbox"/> Ivy/Oak/Sumac	<input type="checkbox"/> Other (please list): xxxx		

Please list any medications (prescription or non-prescription) the youth is currently taking:

Release of Liability and Medical Authorizations

The health history/special accommodation needs provided is correct and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year, I am responsible for updating this information and providing a revised form to my County Extension Office a minimum of two weeks prior to any county, district or state event. If an injury or other medical condition occurs or arises, I hereby give permission to the designated 4-H Program representative to consent on my behalf to routine medical treatment and/or seek emergency medical treatment. I further authorize any licensed medical person/facility to treat my son/daughter. I agree to assume full financial responsibility for any medical services provided.

I hereby release New Mexico State University, the New Mexico State University Cooperative Extension Service, the State of New Mexico or their employees, county 4-H program, the 4-H leaders, and the owners or operators of any property where the activity may take place, from liability in the event of illness, injury or loss occurring to myself or my personal belongings and will make no claim as a result thereof. I also understand that some activities/events may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site activities.

 4-H Member's Signature

 Date

 Parent/Guardian Signature (Must be signed by parent or guardian)

 Date