

## Pitt County 4-H

First Name	Middle Name
Last Name	Mailing Address
Mailing Address 2	City
State	Zip Code
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone	Cell Phone
Grade	

### Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone

### Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone

### Second Household

Family Name	First Names
Primary Phone	

### Emergency Contact

Name	Phone
Cell Phone	Relationship

### Health Questions

Health History	
Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.	
This person takes medications on a routine basis	Medication(s) - Name, Reason, Dosage, Time Taken
Known allergies to foods, drugs, insect stings or bites, etc	Over-the-counter medications (Aspirin)
Over-the-counter medications (Tylenol)	Over-the-counter medications (Ibuprofen)
Over-the-counter medications (Benadryl)	Over-the-counter medications (Peto-Bismol)
Other over the counter medications	Dietary Restrictions (Vegetarian)
Dietary Restrictions (Vegan)	Dietary Restrictions (Gluten Free)
Other Dietary Restrictions	Adaptations & Limitations
General Health Questions (Had any recent injury, illness)	General Health Questions (Have a chronic or recurring il)
General Health Questions (Ever been hospitalized)	General Health Questions (Ever had surgery)

General Health Questions (Have frequent headaches)	General Health Questions (Ever had a head injury)
General Health Questions (Ever been knocked unconscious)	General Health Questions (Where glasses, contacts, or pr)
General Health Questions (Ever had frequent ear infectio)	General Health Questions (Ever been dizzy / passed out d)
General Health Questions (Ever had seizures)	General Health Questions (Ever had chest pain during or )
General Health Questions (Ever had high blood pressure)	General Health Questions (Ever been diagnosed with a hea)
General Health Questions (Ever had back problems)	General Health Questions (Ever had joint problems)
General Health Questions (Have any skin problems)	General Health Questions (Have diabetes)
General Health Questions (Has asthma)	General Health Questions (Have mononucleosis in the past)
General Health Questions (Have problem sleep walking)	General Health Questions (Have a history of bed wetting)
General Health Questions (Ever had a eating disorder)	General Health Explanation
Has this person had a TB Mantoux Test If so, what is the date of the last test and was it positive or negative	
State 4-H Campers ONLY (Betsy-Jeff Penn, Millstone & Eastern 4-H Center): Please download these two (2) forms located in the link below. The "Medical Form / Health Care Recommendations by Licensed Medical Personnel" and the "Liability Waiver" are for "State 4-H Camp Participants Only." Please note that the Medical Form must be completed by the physician if your child is going to one of our State 4-H Camps. State 4-H Camps (Overnight) that require these forms include: Betsy-Jeff Penn, Millstone & Eastern 4-H CenterMedical and Liability Forms for State 4-H OVERNIGHT Campers ONLY	
BEH Concerns:	Family Physician
Family Dentist/Orthodontist	Health Insurance Company
Health Insurance Policy Number	Health Insurance Company Address
Health Insurance Company Phone Number	Custody Release

## Authorization Form

**Custody Release:** You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, \_\_\_\_\_, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

\_\_\_\_\_  
(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

\_\_\_\_\_  
(Emergency contact or other individual authorized to pick up your child)

**For 4-H Use Only:** 4-H'er picked up by: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.

I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.

The person herein described has permission to engage in all 4-H activities except as noted here: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.

Signature of parent/guardian, or adult camper/staffer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**4-H Code of Conduct and Disciplinary Procedure  
North Carolina Cooperative Extension Service  
Department of 4-H Youth Development**



I. **Purpose and Application:**

- A. The 4-H Code of Conduct is intended to foster a safe environment that is conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the rights and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. **Behaviors Prohibited at 4-H program Activities:**

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- D. Behavior that violates state or local laws
- E. Damage to property of others
- F. Theft, misuse or abuse of public or personal property
- G. Conduct that jeopardizes the safety of self or others
- H. Conduct that disrupts or interferes with 4-H programming
- I. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- J. Inappropriate dress, including but not limited to clothing that is sexually suggestive, indecent, or otherwise disruptive to the operations or goals of 4-H. Examples include clothing with negative or hateful language or symbols; see-through blouses, skirts or pants; sagging pants; exposed undergarments; bare midriff shirts; and excessively short or tight garments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be required where appropriate for a particular event
- K. Unruly behavior in hotels and public areas, particularly during overnight events. There should be no running in the halls, prank calls, unnecessary noise, excessively late hours, or visiting in rooms of the opposite sex

III. **Additional Basis for Disciplinary Action**

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.



#### IV. Disciplinary Procedures:

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures must take place before there can be any finding or conclusion of guilt:
  - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
  - 2) the accused participant is told what factual evidence supports the charge, and
  - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant more likely than not engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
  - 1) Verbal warning
  - 2) Notification to parents
  - 3) Immediate removal from the activity
  - 4) Being placed on a behavior contract
  - 5) Referral to local law enforcement and/or juvenile court
  - 6) Program suspension and/or
  - 7) Expulsion from program
  - 8) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
  - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the Department of 4-H Youth Development. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Department Head chooses to exercise further review.
  - 2) Disciplinary action for regional or state-level events may be appealed to the Head of the Department of 4-H Youth Development, Cooperative Extension Service, Box 7606, NC State University, Raleigh NC 27695-7606; telephone (919) 515-3242. All appeals must in writing and must be received by the Department within 30 days of the disciplinary action. The Department Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Department Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Department Head's appeal decision shall constitute the final agency action.
- F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.