



4-H Enrollment Form

Name of 4-H Group/Unit: _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ Grade: _____ School Attending: _____

If re-enrolling in 4-H, how many years have you been in 4-H: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group:* A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian Asian
- Black or African-American Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native Other _____

Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

For office use only
4-H Membership # _____
Date entered: _____



Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants Only

I examined this individual on _____ BP ____ Wt ____ Ht ____

In my opinion, the above applicant is is not able to participate in an active camp program.

Restrictions/Recommendations: _____

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)

Additional information for health care staff at camp: _____

Signature of Licensed Medical Personnel: _____ Date: _____

Printed: _____ Title: _____

Address: _____ Phone: (____) _____
Street City State Zip Code

Please give dates of immunizations for:
(Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Ry
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (chicken pox)				



MEDICATIONS

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 NO medications on a routine basis
- This person takes medications as follows:

Med#1 _____	Reason _____	Dosage _____	Time taken _____
Med#2 _____	Reason _____	Dosage _____	Time taken _____
Med#3 _____	Reason _____	Dosage _____	Time taken _____
Med#4 _____	Reason _____	Dosage _____	Time taken _____

MEDICAL RELEASE

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 North Carolina 4-H Youth Development program to administer authorized/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 the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

Member Name: _____

Parent / Guardian Name: _____

- Yes, I consent**
- No, I do NOT consent**

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 _____



Screening Record: For camp use only

Date _____ Time _____

Meds received _____

Updates/additions to Health History _____

Current Health needs identified _____

Screened by _____



PARENTAL INFORMED CONSENT FORM

Identification of Project: 4-H Common Measures

Purpose of the Research:

The goals of this assessment include: (1) To obtain data on 4-H youths' outcomes related to Positive Youth Development, 4-H Science, Citizenship, Healthy Living and College/Career Readiness; and (2) To assess youth's experience as described by the Essential Elements. This data should be used both to report impact to stakeholders and to make data-driven programming decisions.

Procedures:

Your child will complete the Common Measures survey following or during their participation in 4-H Camp. Youth will take a written survey of approximate 10-15 minutes in length. The youth will complete paper copies which the on-site facilitator will supply. The on-site facilitator will send paper copies to the Investigator for entry. Copies will be stored in a secure location until the study is complete and then destroyed.

Risks and/or Discomforts:

There are no known risks or discomforts associated with this research.

Benefits:

The information gained in this study will help improve future Science programs and provide 4-H with insight to the trainings/procedures necessary to improve future programs.

Confidentiality:

No information obtained in this study will identify an individual child. The data will be stored in a secure location at the offices of the investigating teams and on a secure server and will only be seen by the investigators and the managers of the online site during the study. The information obtained in this study will be analyzed and reported as aggregated data.

Compensation:

There will be no compensation for participating in this study.

Opportunity to Ask Questions:

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may call the investigator at my office phone, 919-515-8483.

Freedom to Withdraw:

You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators, NC State University or 4-H Youth Development. Your decision will not result in any loss or benefits to which you are otherwise entitled.



NC STATE
EXTENSION

David J. Herpy

Signature of Investigator

02/01/2022

Date

INVESTIGATOR

David J. Herpy, NC 4-H Camping Specialist

Consent, Right to Receive a Copy:

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO ALLOW YOUR CHILD TO PARTICIPATE IN THE RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO ALLOW YOUR CHILD TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED.

Child's Name

Signature of Parent

Date



YOUTH ASSENT FORM

National 4-H Common Measures Survey

We would like to invite you to take part in this study. We are asking you because you are participating in a 4-H program.

In this study, we will try to learn what you are gaining from your 4-H program experience. You are being asked to fill out a survey with a pen and paper.

Your parents will also be asked to give their permission for you to take part in this study. You do not have to be in this study if you do not want to. If you decide to participate in the survey, you can stop at any time.

If you have any questions at any time, please ask one of the leaders.

YOUR COMPLETION OF THE SURVEY MEANS THAT YOU HAVE DECIDED TO PARTICIPATE AND HAVE READ EVERYTHING THAT IS ON THIS FORM. YOU AND YOUR PARENTS WILL BE GIVEN A COPY OF THIS FORM TO KEEP.

Signature of Participant

Date