



# 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

*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 our members and volunteers. We are committed to ensuring the appropriate measures and safeguards are in place to protect specific information that is held for the purpose of our 4-H program. We adhere to all legislative requirements with respect to privacy. We use your personal information to keep members and volunteers up to date on activities of the Ontario 4-H Council and Ontario 4-H Foundation, including programs, services, opportunities and initiatives. For further information or to have your name removed from our database, please contact our Risk Management Coordinator 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. This copy was last updated on January 1st, 2010. www.4-hontario.ca