MEDIA RELEASE/MEDICAL TREATMENT AUTHORIZATION

Event: _____
Date: _____
County: _____

SECTION I – RELEASE FOR AUDIO, VIDEO, FILM AND PHOTOGRAPHS

All adult and youth participants attending MSU-sponsored events must complete this section of the form. Participants in MSU events are sometimes photographed and videotaped for use in MSU promotional and educational materials.

I authorize Michigan State University to record and photograph my image and/or voice or that of my child for use by Michigan State University or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Subject's name (adult or youth) _____
(please print)

Signature _____ Date _____
(Parent or guardian must sign here if subject is under age 18.)

SECTION II – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in overnight MSU Extension 4-H activities. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's name _____
Birth date_____ Phone (_____)_____
Address _____
_____
Social security number _____
Primary care physician's name _____
Physician's address _____
_____
Physician's phone (_____)_____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant
_____
Policy holder's address _____
_____
Insurance company's name and address _____
_____
If you have HMO insurance, please list emergency treatment authorization phone number (_____)_____
Employer's name and address _____
_____
Business phone (_____)_____
Subscriber's social security number _____
All policy numbers (please identify) _____
_____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

Yes No

❒ ❒ Does the participant have any chronic health problem or illness? _____

❒ ❒ Does he or she have any acute illness now?
_____

❒ ❒ Has the person been treated recently for some medical problem? _____

❒ ❒ List any medications he or she is now taking for treatment of any medical problem.
_____

❒ ❒ Does the participant have any allergies to medication or local anesthetics?_____

❒ ❒ Does he or she have any allergies? _____
_____

❒ ❒ Date of his or her last tetanus shot: _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU 4-H staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian of minor participant or of participant aged 18 and up _____

Date _____

Address _____
_____

Daytime phone (_____)_____

Evening phone (_____)_____

http://web2.canr.msu.edu/4hwkreg/regform_english.pdf

4-H WORKSHOP REGISTRATION FORM

Registration will be on a first-come, first-served basis, so register as soon as possible to ensure your space at the workshop. To register, complete this form and the Media Release/Medical Treatment Authorization form. Feel free to copy any of these forms as needed.

Return the forms, with payment, to your county MSU Extension office.

Youth must have adult chaperons of the same gender. The ratio is 1 adult to 5 youths of the same gender for youth aged 13 and up, and 1 to 3 for youth aged 12 and under.

Name _____

Phone (_____) _____

Address _____

County _____

City _____ State _____ ZIP _____

Birth date (if 18 or under) _____ Age _____

Gender: ❒ Male ❒ Female

Status (check one): ❒ Member ❒ Volunteer ❒ Chaperon
❒ Staff ❒ Other *(please specify)* _____

If member, list your chaperon's name (if known):

_____

If chaperon, list the names of the youth you will chaperon (if known): _____

_____

_____

_____

Do you have a disability or special needs? ❒ Yes ❒ No
If yes, please list: _____

_____

Accommodations for persons with disabilities may be requested by calling the State 4-H Office at (517) 353-2922 three weeks before the workshop to ensure sufficient time to make arrangements. Requests received after this time will be met when possible.

Racial-Ethnic Category: *(optional – for affirmative action purposes only)*
Are you of Hispanic ethnicity? ❒ Yes ❒ No
❒ African American/Black (only)
❒ African American/Black & American Indian or Alaskan Native
❒ American Indian or Alaskan Native (only)
❒ Arabic
❒ Asian (only)
❒ Native Hawaiian or Other Pacific Islander (only)
❒ White (only)
❒ White & African American/Black
❒ White & American Indian or Alaskan Native
❒ White & Asian
❒ Other *(please specify)* _____

Workshop Title: _____

Sessions: _____

_____

Attending entire conference? ❒ Yes ❒ No
(If no, enter arrival and departure dates and times below.)

Arrival: _____

Departure: _____

Need lodging? ❒ Yes ❒ No

Cost:

4-H members and volunteers ..... _____

County scholarship, if applicable ..... _____
(Check with your county MSU Extension office to see if scholarships are available.)

Non4-H members and volunteers ..... _____

TOTAL DUE ..... _____

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http://web2.canr.msu.edu/4hwkreg/regform_english.pdf