



**Youth Health Statement, Parent Consent & Event Acceptance Form**  
 Complete the ENTIRE two page form – Do NOT alter the form in any manner

For health or safety reasons, every person attending the event must submit a completed health form prior to the beginning of the program.

<b>Event</b> Pike Countyh Shooting Invitational		<b>Date(s) of Event</b> 6/28/15	
<b>Name of Youth</b> Shelby Bailey		<b>County</b> Boone	
<b>Gender</b> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	<b>Birth Date</b> 07/25/05		<b>Age</b> 9
<b>Parent(s)/Guardian(s)</b> Elizabeth Bailey/Troy Windels			
<b>Address</b> 308 S Wentz		<b>City</b> Sturgeon	<b>State</b> MO
		<b>Zip</b> 65284	
<b>Home Phone</b> 573-228-0601	<b>Work Phone</b> 573-441-2440	<b>Cell Phone</b> 573-228-0601	
<b>Do you have health insurance?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no			
<b>Insurance Company Name</b> Anthem Blue Cross		<b>Insurance Company Policy Number</b> CZAM1598732	
<b>Insurance Company Address</b>		<b>City</b> Chicago	<b>State</b> IL
		<b>Zip</b>	
<b>Insurance Company Phone</b> 1-800-514-4538			
<b>Will your child be bringing any type of medication to this event?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    If yes, explain.			
<b>Does your child have any allergies?</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no    If yes, explain.			
<b>Describe any special needs (medical, physical or mental challenges) we should be aware of.</b> n/a			
<b>Does your child have any special dietary needs?</b> <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, explain. n/a			
<b>Date of last Tetanus immunization</b> n/a			
<b>If necessary, I approve of officials taking my child, <u>Shelby Bailey</u>, to the nearest doctor or hospital. I further understand that, should a health problem arise, I will be notified. If I cannot be reached by phone, such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.</b>			

**Emergency Contact Information (other than parent/guardian)**

<b>Name</b> Darrel Tinker		<b>Relationship</b> Grandfather	
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b> 5739994251	
<b>Family Physician</b> Columbia Family Medical Group-Prca M.D		<b>Office Phone</b> 573-449-0808	<b>Home Phone</b>

**Event Acceptance**

Education events and activities are coordinated by the University of Missouri 4-H Youth Development Programs. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Show respect for property/facilities used during the event and assume financial responsibility for any damages caused.
- Follow the established agenda and expectations for behavior.
- Use appropriate language and wear acceptable clothing at 4-H activities and events.
- Use no alcohol, stimulants, non-prescription drugs or tobacco products.

I understand and accept the responsibility for following the above guidelines and understand that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release 4-H, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death to me in the course of these events. We will be bound by all rules and regulations while participating in said events.

**Child Photo Opt-Out Release:**

I \_\_\_\_\_ prefer that the University of Missouri **not** take pictures and sound recordings of my child/children \_\_\_\_\_.

I understand assuring pictures are not taken is a shared responsibility which includes the following precautions:

- My child(ren's) nametag will have a colored dot placed on it to help 4-H photographers recognize that a picture should not be taken. It is my child(ren's) responsibility to prominently display their nametag at all times.
- The 4-H photographers will make efforts to avoid photographing my child(ren). It is also my child(ren's) responsibility to not participate in group photos and excuse themselves from other occasions where pictures are being taken.
- Photos taken at this event will be reviewed before being published or shared. In the event that a photo contains a child who has a dot on his/her nametag that can be seen in the photo, the child will be excluded from the shot (cropped out, pixelated, etc.) or the photo will be deleted.

I understand that 4-H and the University of Missouri cannot be responsible for photos taken or shared by non-employees (such as other youth) at this event, or photos of youth who do not prominently display their nametag with the identifying sticker.

<b>Date</b> 6-22-15	<b>Signature of Parent/Guardian</b> 
<b>Date</b> 6-22-15	<b>Signature of Youth</b> Shelby Bailey

Both youth and parent (guardian) must sign this form. If you choose to have this form notarized, your signature must be witnessed by the Notary Public. I understand if I do not have this health statement and consent form notarized, it could cause a delay in my treatment.

**Notary Optional (some hospitals require)**

State of Missouri, county of \_\_\_\_\_

My commission expires \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public Signature \_\_\_\_\_

*4-H/MU is an Equal Opportunity Institution. For concerns about access or opportunity, contact your local MU Extension center or call 573-882-7430. The University of Missouri complies with the guidelines set forth in the Americans with Disabilities Act of 1990. If you have special needs as addressed by the Americans with Disabilities Act and need assistance with this or any portion of the enrollment process, call 573-882-2719. Reasonable efforts will be made to accommodate your special needs.*