



4-H Crisis Management Plan

In the event there is an emergency please be prepared to follow protocol.

1. Clubs have step one included as part of their Activity and Event Intent form 7 filed with county office prior to the event.
2. Extension Educators should have form 9 when attending any Oklahoma 4-H/Oklahoma Cooperative Extension activity along with emergency contact information for parents of all youth attending. A copy of the Plan (form 9) is to be left quickly accessible in the county office.

STEP ONE – Club Leadership or County Educator

1. Severe Weather/Fire/Evacuation Plan. Be sure it is communicated to youth and adults. Done
2. Safety and Security Done
 - Site has been inspected for any safety or security concerns.
 - Concerns have been verbally communicated, visually documented and addressed with the facility/site.
 - Participants/families, volunteers, spectators, chaperones have been provided with instructions on minimizing potential for accident and/or injury at the facility/site.
3. Call 911 or appropriate emergency personnel Done
(Local hospital, minor emergency, etc.)
Have medical release and insurance information available for emergency personnel/hospital/clinic.
4. See to any injured persons-using appropriate first aid. ASAP document treatment/action on Form 8. Done
5. Notify OSU Extension Office/Staff and be prepared to provide as much information as possible Done

County Office #

Alternate number:

6. *In the event the office is closed call:*

4-H Educator

County Extension Director:

The Extension Office/personnel will continue communications through the appropriate protocol sequence. **Do not talk to the any news media. All statements and information will be handled by OSU/OCES.** Done

7. Call or instruct the Extension Office to contact all parents of youth participating in accordance with the Clery Act (federal [statute](#) codified at [20 U.S.C. § 1092\(f\)](#)). Release children only to parents or guardians following the event. Done

STEP TWO – County Office

8. Get all pertinent information, even information yet to be confirmed. Use the Incident/Accident Form 8 to assist in documenting what happened. The volunteer/county educator is responsible for filing their own version with extension office ASAP following the event. Done
9. Alternate phone number in the event the Extension Office phones become clogged with calls for information. Phone # Done

10. Contact the District Office with all information during the work day. Outside of office hours contact the appropriate district specialist and/or district director	<input type="checkbox"/> Done
11. As instructed by volunteer/county educator contact all parents of youth participating in accordance with the Clery Act (federal statute codified at 20 U.S.C. § 1092(f)). Be sure families understand that only the “in case of emergency” contact person(s) listed on the Participation form will be allowed to pick up children.	<input type="checkbox"/> Done
12. Resources for Crisis Communication (8/2018) Ag Communications Services See Protocol and Checklist for additional resources.	<input type="checkbox"/> Done
13. News Media – tell any form of media to call... <ul style="list-style-type: none"> • Make the following statement “No information is available at this time and any official statements will be release from OCES/OSU.” • District Extension 4-H Program Specialist/District Extension Director at • State 4-H Program Leader at (405) 744-5394 Cell: 405-368-2145 	<input type="checkbox"/> Done
STEP THREE– District Office	
14. The District Office will contact: <ul style="list-style-type: none"> • State 4-H Program Leader - Dr. Steve Beck Office: 405-744-5394 Cell: 405-368-2145 	<input type="checkbox"/> Done
STEP FOUR– State Office	
15. The State 4-H Program Leader will contact: <ul style="list-style-type: none"> • Associate Vice President for OCES - Dr. Damona Doye Office: 405-744-5398 Cell: 405-612-4967 • Vice-President for DASNR - Dr. Tom Coon Office: 405 744-2474 Cell: 405 880 4359 	<input type="checkbox"/> Done
16. State Administration will issue a written statement for the media as soon as possible to the County Extension Office or another designated location. At the same time, they will release the statement from Stillwater, using standard media distribution channels. After that, Administrative staff will provide updates in the same manner, as soon as additional information becomes available.	<input type="checkbox"/> Done
STEP FIVE– Post Crisis Recovery for Club and County Office	
17. File any necessary post-trip insurance reports/forms with insurance company (crisis and non-crisis accidents). Be prepared for insurance claim questions.	<input type="checkbox"/> Done
18. Make sure the victims and their families understand exactly what happened.	<input type="checkbox"/> Done
19. Schedule sessions to deal with talking about the event. Take advantage of county and state resources for counseling, both for individuals and for the group immediately. Families need to be told what to expect. Continued communication with the families is important.	<input type="checkbox"/> Done
20. Keep records. Questions of liability are possible for 3 years after the age of majority (18 years old plus 3).	<input type="checkbox"/> Done
21. Return any belongings not claimed or lost during the accident/incident.	<input type="checkbox"/> Done



Activity and Event Intent Form

This form must be filed in the Extension Office anytime your club is doing something outside of the regularly scheduled club meeting date and time. **Keep one copy for your records and file a copy with the extension office before the activity/event. Return by FAX, e-mail, US post office or personal delivery.**

Examples of use: field trip, tour, overnight trip, conducting an event/activity such as a horse show, dog show, livestock show, community service project, project group meeting, etc.

ACTIVITY	CLUB NAME	Contact Person(s)	
DATE	TIME	Phone	
Age of Youth Participants:		Email	
PURPOSE FOR THE ACTIVITY/EVENT:			
LOCATION/ADDRESS/PHONE NUMBER FOR THE ACTIVITY/EVENT.			
TRAVEL/TRANSPORTATION PLANS – Include route, stops for food or breaks, etc. Be very specific with where you will be stopping and for what reasons. (Reason for stopping i.e. Stopping at Sulphur in route to Dallas. Stop will be for gas and restrooms. Or stopping at Sulphur for a picnic lunch at Mason Park.)			
☼ Overnight Activity/Event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have activity/event insurance? Company _____ Policy # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Did you purchase extra insurance for high risk activity(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have <u>Form 1 Youth Participation</u> , <u>Form 2 Prescription Medication</u> , <u>Form 4 Adult Health and Form 5 Adult 4-H Risk and Release</u> for each participant? All forms have emergency contact information.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Have you reviewed the health forms for any special conditions or other pertinent information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Is there pre-registration for the event? If yes, list the names of participant on page two. If no, submit a list of participants immediately following the event.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Have you completed the Crisis Management Plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have copies of <u>Form 8 Incident and Accidents</u> ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have a First Aid Kit with surgical gloves?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACCESS/SUPERVISION OF YOUTH - Volunteers – List the name(s) of any adult/teen leader(s) involved with this activity/event and their duty/responsibility. Volunteers providing transportation or who will be in direct contact with youth must be certified volunteer in good standing, including WWM training. Any non-certified volunteer in immediate contact with youth, must be under the supervision of a “certified 4-H” volunteer” and understand their responsibilities.

Volunteer(s) Name	Certified 4-H Volunteer with current WWM training.		Specify Duty or Responsibility beside the name of each Volunteer listed. (i.e. chaperon, transportation, resource person, guest instructor, etc.)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Add addition sheet/spaces as necessary

4-H Members participating

Add addition sheet/spaces as necessary

Signature of volunteer(s) with primary responsibility for planning/coordinating activity/event.

Signature	Date
Signature	Date

Keep one copy of the form with you during the event/activity and file a copy with the extension office before the activity/event.

Return by FAX, e-mail, US post office, or by personal delivery to your extension office.

Crisis Management Planning

This form and other pertinent authorization must be with you at the time of the event/activity.

In the event of an emergency please be prepared to follow protocol.

STEP ONE Club Leadership or County Educator

1. Severe Weather/Fire/Evacuation Plan. Be sure it is communicated to youth and adults.	<input type="checkbox"/> Done
2. Call 911 or appropriate emergency personnel (Local hospital, minor emergency, etc.) Have medical release and insurance information available for emergency personnel/hospital/clinic.	<input type="checkbox"/> Done
3. See to any injured persons-using appropriate first aid. ASAP document treatment/action on Form 8.	<input type="checkbox"/> Done
4. Safety and security of other participants has been addressed to avoid further injuries or incidents.	<input type="checkbox"/> Done
5. Notify OSU Extension Office/Staff and be prepared to provide as much information as possible County Office # Alternate number: In the event the office is closed call: 4-H Educator County Extension Director: The Extension Office/personnel will continue communications through the appropriate protocol sequence. Do not talk to the any news media. All statements and information will be handled by OSU/OCES.	<input type="checkbox"/> Done
6. Call or instruct the Extension Office to contact all parents of youth participating in accordance with the Clery Act (federal statute codified at 20 U.S.C. § 1092(f)). Release children only to parents or guardians listed on the "in case of emergency" contact form.	<input type="checkbox"/> Done
7. Thoroughly complete and then file Form 8, Incident and Accident Form, with the Extension office immediately following the event.	<input type="checkbox"/> Done

STEPS TWO FOUR handled by OCES personnel

STEP FIVE Post Crisis Recovery for Club and County Office

16. File any necessary post-trip insurance reports/forms with insurance company (crisis and non-crisis accidents). Be prepared for insurance claim questions.	<input type="checkbox"/> Done
17. Make sure the victims and their families understand exactly what happened.	<input type="checkbox"/> Done
18. Schedule sessions to deal with talking about the event. Take advantage of county and state resources for counseling, both for individuals and for the group immediately. Families need to be told what to expect. Continued communication with the families is important.	<input type="checkbox"/> Done
19. Keep records. Questions of liability are possible for 3 years after the age of majority (18 years old plus 3).	<input type="checkbox"/> Done
20. Return any belongings not claimed or lost during the accident/incident.	<input type="checkbox"/> Done



Youth Participation Form

Form 1

- **PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.**
- **THIS SIGNED FORM MUST BE SUBMITTED BY A PARENT/LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE REFERENCED PROGRAM/CAMP/TRIP/EVENT SPONSORED BY 4-H.**

Today's Date:		County	
Program/Camp/Trip/Event:			Overnight Event <input type="checkbox"/> YES <input type="checkbox"/> NO
PARTICIPANT INFORMATION			
Name of Participant:			
Address:	City:	State:	Zip:
Date Of Birth:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
<p>MEDICAL INFORMATION - Oklahoma State University requests the information below so that in case of emergency, we have accurate information to provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. If Participant has any medical issue that is not requested below, but which you think is important, please include that information. If you are uncertain about any pre-existing medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. As a participant, parent, or guardian it is your responsibility to disclose relevant information that may result in harm to Participant and/or others during this Program.</p> <p>By revealing or disclosing the medical information in this document it will <u>not</u> be used by Oklahoma State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant. Final determination about whether to participate is the responsibility of you and your physician. This information will be kept in strict confidence and will only be shared with your permission.</p> <p>In cases where medical attention is necessary, parents will be contacted for approval when possible; however, in the event of an emergency the 4-H staff will seek medical care for any child in their care. Oklahoma State University does not offer any form of insurance for participant while participating in Programs. Full medical expense will be the responsibility of parent or guardian.</p> <p>By signing this form, I represent and warrant that I have provided all materials and important information to Oklahoma State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify the 4-H program and or Oklahoma State University of any changes in the mental, physical or medical condition of the Participant prior to any scheduled Program.</p>			
Signature of Parent/Guardian		Today's Date	
INSURANCE INFORMATION			
Do you have health/accident insurance? (circle one):		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Company Name:			
PARENT/GUARDIAN INFORMATION			
Parent/Legal Guardian Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
EMERGENCY CONTACT INFORMATION			
#1 Name	Relationship	Phone:	
#2 Name	Relationship	Phone:	

Medications being taken? <i>If any prescription medications are being taken, page 3 must be complete as the parent/guardian is legally responsible for the medications and the self-administered of the prescription by the participant.</i>		Types of Medications being taken <input type="checkbox"/> Prescription <input type="checkbox"/> Over the Counter	List Medications:
MEDICAL MARIJUANA - OSU receives federal funds and must comply with the Federal Drug-Free Schools and Communities Act and the Federal Drug-Free Workplace Act. While the use of medical marijuana has been legalized in the state of Oklahoma, federal law prohibits the use, possession or cultivation of marijuana for any reason on the OSU campus and also prohibits the use and distribution of marijuana for any reason at events authorized or supervised by OSU (which includes programs offered by the Oklahoma Cooperative Extension Service and 4-H).			
History of Allergies or reactions to:	Check ALL Allergies/Reactions <input type="checkbox"/> Medication <input type="checkbox"/> Plants <input type="checkbox"/> Insects/stings/bites <input type="checkbox"/> Other		Explain Allergies/Reactions:
History of Food Allergies?	Check ALL Allergies <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy <input type="checkbox"/> Fish/Shellfish <input type="checkbox"/> Nuts <input type="checkbox"/> Wheat <input type="checkbox"/> Other		Explain Food Allergies:
Dietary Restrictions or special needs?	Explain Dietary Needs:		
Physical, behavioral or mental health condition that would limit participation in normal activities/projects?	Check ALL that apply <input type="checkbox"/> ADD/HDHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism/Asperger's <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Convulsions <input type="checkbox"/> Heart/Lung <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Other		Explain Condition/Limitation(s):
Do any of the following Medical Assistance apply?	Check ALL that apply <input type="checkbox"/> Dentures/Dental Plate/Partial/Retainer <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Hearing Aid/Implant <input type="checkbox"/> Prosthetic <input type="checkbox"/> Wheelchair/Walker/Cane/Crutches <input type="checkbox"/> Other		Other: (Explain)
AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION Generally, 4-H staff will only have minor first aid supplies at overnight events and will avoid dispensing medications; however, at times a child may become ill and unless we have parental authorization, we cannot administer <u>ANY</u> medications. Below is a list of common OTC medication. By checking a box below, "I authorize that the following medications may be given to Participant if the need arises. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the below indicated over-the-counter medications."			

If Box 1 or 2 is checked, box 3 does not have to be completed.

Box 1 Parent/guardian APPROVAL REQUIRED before using any over-the-counter medication.

Box 2 ANY over-the-counter MEDICATION LISTED CAN BE USED without parent/guardian approval.

Box 3 Program Staff/Extension Educator/Certified Adult 4-H Volunteer/Medical Professional MAY ADMINISTER ONLY THE FOLLOWING OVER-THE-COUNTER PRODUCTS when the need arises.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sunscreen
<input type="checkbox"/> Bug repellent
<input type="checkbox"/> Ointments for minor wound care or first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
<input type="checkbox"/> Tylenol/Acetaminophen as directed.
<input type="checkbox"/> Ibuprofen as directed.
<input type="checkbox"/> Throat lozenges and or spray as directed for sore throat.
<input type="checkbox"/> Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites. | <input type="checkbox"/> Medicated powder for skin irritation as directed.
<input type="checkbox"/> Calamine lotion for bug bites and poison ivy.
<input type="checkbox"/> Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
<input type="checkbox"/> Kaopectate or Imodium for diarrhea as directed.
<input type="checkbox"/> Milk of Magnesia, Pepto-Bismol or Mylanta for upset stomach or nausea as directed.
<input type="checkbox"/> Roloids or Tums for acid reflux, heartburn | or indigestion as directed.
<input type="checkbox"/> Benadryl for swelling, hives, allergic reaction, as directed.
<input type="checkbox"/> Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
<input type="checkbox"/> Visine or other eye drops for minor eye irritation.
<input type="checkbox"/> Swimmer's ear drops as directed.
<input type="checkbox"/> Robitussin or other cough syrup as directed. |
|---|--|---|

OTHER (list any other approved over-the counter medication)

Authorization, Waiver and Consent for Self-Administration of Prescription Medications

- This page must be completed in full in order for Participant to self-administer required **prescription medications**.
- Prescription Medication(s) information must be UPDATED prior to any Program/Activity/Event requiring a medical information form to participate.
- **Each** prescription medication, dosage and time of administration must be noted.
- Self-medication of **any narcotic** requires a licensed health care signature on this form.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma or epilepsy may be brought to the 4-H event, program, or trip under the condition that the participant has written authorization to self-manage their care and the consumption/administration of medication.

Prescription medication must be in its original container labeled by the pharmacist and prescriber. Label must include the name, address and phone number for pharmacist and prescriber's name. Containers must hold only the amount required for the time the participant will be attending the 4-H event.

I _____ (Print full Name of Parent/Guardian) **have legal authority to consent to medical treatment, including the administration of Rx medication for this minor. Today's Date**

- I accept the responsibility to keep the prescription information current while my child is enrolled in 4-H.
Parent/Guardian Initials
- I authorize and recommend self-medication by my child for the medications listed on this form.
Parent/Guardian Initials
- I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. **Parent/Guardian Initials**
- I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, Volunteers and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). **Parent/Guardian Initials**

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose _____

Condition for which medication is being administered _____

Specific Directions (e.g., on empty stomach/with water, etc.) _____

Time/Frequency of administration _____

If PRN (as needed), frequency: _____ If PRN, what symptoms _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Instructions _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment _____

Telephone _____ fax: _____

I hereby affirm that this individual has been instructed in the proper self administration of the prescribed narcotics.

Prescriber signature needed only if the medication is a narcotic: _____ Date: _____

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose _____

Condition for which medication is being administered _____

Specific Directions (e.g., on empty stomach/with water, etc.) _____

Time/Frequency of administration _____

If PRN (as needed), frequency: _____ If PRN, what symptoms _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Instructions _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment _____

Telephone _____ Fax _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

Prescriber signature needed only if the medication is a narcotic: _____ Date: _____

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose _____

Condition for which medication is being administered _____

Specific Directions (e.g., on empty stomach/with water, etc.) _____

Time/Frequency of administration _____

If PRN (as needed), frequency: _____ If PRN, what symptoms _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Instructions _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment _____

Telephone _____ Fax _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed narcotics.

Prescriber signature needed only if the medication is a narcotic: _____ Date: _____

CODE OF CONDUCT - Rules and Disciplinary Procedures

These guidelines are not "all inclusive", the Extension Service reserves the right to make adjustments to the Code of Conduct.

Rules Participants and Parents Need to Know:

- I. In seeking uniformity in the conduct expected at each county, district, state, national, and international 4-H event, the following guidelines have been developed.
 - Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, will not be permitted to negatively impact the program experience of others. Most programs are short in duration, so prompt action is required when problems occur.
 - All rules and regulations governing an activity, event or facility use will be discussed with educators, certified volunteers, parents and 4-H'ers prior to or at the beginning of each event.
 - All 4-H'ers are under the supervision of **any** Extension staff or certified volunteer(s) assigned to the event.
 - If the 4-H'er is found in violation of the Code of Conduct and disciplinary action is required his/her parent/guardian will be notified immediately and the 4-H'er may be suspended from participation in county, district, state, national and international 4-H activities and/or membership revoked. As deemed necessary, the appropriate County, District or State 4-H Office will be notified of disciplinary action.
 - Participants dismissed from a program for disciplinary reasons will not receive a refund on any fees paid to attend.
 - If a 4-H'er wishes to appeal the disciplinary action he/she must appeal in writing through their County Extension Office. Appeals must be filed within 30 days following notification of punishment. As necessary, the State 4-H Leader shall appoint an appeal board, no sooner than 30 days following the date of notification of the disciplinary action.
 - Participants are responsible for securing their belongings. Neither Oklahoma State University, nor Extension Staff or certified volunteer, is responsible for lost or stolen items. Leave excess money and valuables at home. Valuables brought to the program are at participants' risk and can only be used at free or other authorized times.

- II. The following actions will be considered a **serious** breach in conduct. This is not an all-inclusive list of conduct violations.

<ul style="list-style-type: none"> • Misconduct is deemed in violation of a law - The appropriate law enforcement agency will be notified. • Assault or Personal Harm – Inflicting physical or emotional harm on self or others. • Bullying and Harassment – Physical, emotional or electronic harassment/harm against self, fellow participants or staff. • Possession, distribution, sale or use of: illegal drugs/substances; alcoholic beverages; any form of medical marijuana; marijuana by-products; tobacco or vapor products; fireworks; and weapons (does not limit the use of approved sporting arms when and where authorized). • Sexual Misconduct – Engaging in contact of a sexual nature. • Coed Visitation – Coed visitation is permitted only in designated common areas, not in sleeping rooms. It is recognized that circumstances may arise for justifiable 	<ul style="list-style-type: none"> exceptions to this policy. However, in every case, permission for exceptions must be secured from chaperone in advance. • Theft, Misuse or Abuse of Public or Personal Property - Any damages caused by neglect or misuse will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages property. Any individual found tampering with any fire equipment (e.g. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas. All furniture must remain unchanged and kept in place. • Search of Property - If a question regarding any of the above is raised, 4-H member consents to a search of his/her room and/or personal property. Failure to comply will result in violation of the Code of Conduct.
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- III. The following actions will be considered a breach in conduct. This is not an all-inclusive list of conduct violations.

<ul style="list-style-type: none"> • Breaking curfew and/or disturbing the peace - Participants will abide by curfew. • Violating the Dress Code • Unexcused Absence from the activities of the event - Participants are to remain on the event site and attend all workshops, classes, and planned social or recreational activities for the duration of the program unless program activities require otherwise. If a participant needs to leave campus or event site, supervising Extension staff or certified volunteer must have prior written approval from the parent or guardian, and agree to grant specific permission. • Unauthorized Use of Vehicles during the event - Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission to do so from their supervising extension staff or certified volunteer. While we understand that some participants will drive to the event, our policy is that participants should not be driving during the event. Participants may be asked to turn their car keys in to the supervising staff or certified volunteer for the duration of the program. • Misuse of Technology - Participants must never misuse internet, social media, cell phone or any new technological devices. Accessing or sending unauthorized or inappropriate content is strictly prohibited. 	<ul style="list-style-type: none"> • Use of Abusive and Offensive Language • Vandalism and Pranks
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Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks

I, the undersigned, wish for my Child (hereafter “Child”) to participate in the above referenced youth program (hereafter “Program”) on the date(s) and location(s) indicated above and, in consideration for my Child’s participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child’s participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release Oklahoma 4-H, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter “OSU”) from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the above indicted event. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child’s participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and are not all inclusive. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

I have read and discussed this document in its entirety.

Participant Name	Parent/Guardian Name
Participant Signature	Parent/Guardian Signature
Date	Date

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18



Incident/Accident Form

This form is track of injuries/incidents that occur during a 4-H activity or event. All club leaders and staff should have the forms on hand at *all* 4-H events and activities. This is to be turned in to the Extension Office and signed by the Volunteer in-charge, Club Leader, parent/guardian and an Extension Educator within 3 days. Copies can be made for club leaders and parents/guardians. The original will stay on file in the Extension Office. Forms will be kept on file in the county office until authorized to be destroyed.

- Incident Defined: An incident could be harassment, hazing, bullying, inappropriate language, a threat (verbal, physical, mental), inappropriate use of electronics/internet, etc.
- Accident Defined:
 1. Bump, sprain, scrape, cut, scratch, etc. needing attention/medication.
 2. Bug bite, sunburn, headache, stomachache, etc. needing attention/medication.
 3. Emergencies or medical treatment requiring professional attention.
 4. Accident involving car, equipment, ATV, bicycle, tractor, boat, animal, etc.

Information in this report is for the injured person or person(s) involved in an incident

Check one:			<input type="checkbox"/> Incident	<input type="checkbox"/> Accident
Name:		Date:	Time:	
Age:	4-H Club:			
Responsible Volunteer/Extension Educator:				
Name of Investigating Officer/Response Personnel/Doctor:				
Clinic/Hospital/Facility/Business Name:				
Location as well as site details:				
Total number of persons (youth and adults) Involved				
Names of all persons (youth and adult) directly involved:				
Type of Injury/Accident/Incident:				

What action/first aid/treatment was taken?

Describe accident/incident in detail. Include witnesses.

Were the parents or guardians informed of incident or accident? Yes No
If no, why not?

Other pertinent information:

Signature of Volunteer in Charge Date

Signature of Club Leader Date

Signature of Extension Educator Date

Signature of Parent/Guardian Date

Transfer of Custody

TRANSFER OF CUSTODY			
INSTRUCTIONS Use ink. Fill out and duplicate/copy/scan. Keep an original copy for transferor records, and duplicate for transferee records.			
Transferor			
Names as it appears on DL: Street Address: City, State, Zip: Phone: DL: Signature:			
Transferee			
Names as it appears on DL: Street Address: City, State, Zip: Phone: DL: Signature:			
Date of Transfer:		Time of Transfer:	Location of Transfer:
Make/Model	Serial Number	Caliber	Other

Youth Handgun Safety Act Member Cards (Front)



I am an enrolled member in a 4-H Shooting Sports Program.
I participate in a 4-H course of instruction in the safe and lawful use of firearms.



I am an enrolled member in a 4-H Shooting Sports Program.
I participate in a 4-H course of instruction in the safe and lawful use of firearms.



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I participate in a 4-H course of instruction in the safe and lawful use of firearms.



I am an enrolled member in a 4-H Shooting Sports Program.
I participate in a 4-H course of instruction in the safe and lawful use of firearms.

Youth Handgun Safety Act Member Cards (Back)

<p>In accordance with the Youth Handgun Safety Act, I grant permission for my child to transport, handle, and discharge firearms in a 4-H Shooting Sports Program course of instruction in the safe and lawful use of firearms.</p> <p>Parent/Guardian Signature</p>	<p>In accordance with the Youth Handgun Safety Act, I grant permission for my child to transport, handle, and discharge firearms in a 4-H Shooting Sports Program course of instruction in the safe and lawful use of firearms.</p> <p>Parent/Guardian Signature</p>
<p>In accordance with the Youth Handgun Safety Act, I grant permission for my child to transport, handle, and discharge firearms in a 4-H Shooting Sports Program course of instruction in the safe and lawful use of firearms.</p> <p>Parent/Guardian Signature</p>	<p>In accordance with the Youth Handgun Safety Act, I grant permission for my child to transport, handle, and discharge firearms in a 4-H Shooting Sports Program course of instruction in the safe and lawful use of firearms.</p> <p>Parent/Guardian Signature</p>
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County Shooting Sports Cards (Front)



I am an enrolled member in the
County 4-H Shooting Sports Program.

I have completed my hours necessary for the
discipline.



I am an enrolled member in the _____
County 4-H Shooting Sports Program.

I have completed my hours necessary for the
discipline.



I am an enrolled member in the
County 4-H Shooting Sports Program.

I have completed my hours necessary for the
discipline.



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County 4-H Shooting Sports Program.

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County 4-H Shooting Sports Program.

I have completed my hours necessary for the
discipline.

County Shooting Sports Cards (Back)

Coach Signature Youth Signature	Coach Signature Youth Signature
Coach Signature Youth Signature	Coach Signature Youth Signature
Coach Signature Youth Signature	Coach Signature Youth Signature
Coach Signature Youth Signature	Coach Signature Youth Signature