

## Emergency Medical Authorization for Participants Under 18 Years of Age

CHILD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under 4-H Camping, 4-H Club Activities, and or sponsoring agency authority, when parents or guardians cannot be reached.

### Part I OR II Must be Completed

#### PART I (To Grant Consent)

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone#) or \_\_\_\_\_ (other parent/guardian) at \_\_\_\_\_ (phone#) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (Preferred physician) at \_\_\_\_\_ (phone#) or Dr. \_\_\_\_\_ (Preferred dentist) at \_\_\_\_\_ (phone#) or in the event the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

#### Part II (Do not complete/sign Part II if you completed Part I)

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the sponsoring agency authorities to take no action or to \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_



**OHIO 4-H SHOOTING SPORTS**  
**PARENT / GUARDIAN PERMISSION STATEMENT**



I hereby give permission for \_\_\_\_\_

to participate in the activities of the Hoppin' N' Trottin' 4-H Club Top Shot Event. It is my understanding that strict rules of conduct are required and safety habits are a must. Any member considered in violation at any time will be dispelled. The Club will attempt to install all safety requirements in all participants, but cannot assume responsibility for any individual who does not comply.

I further agree not to hold the volunteers and staff, the Ohio State University Extension Service, and the Hoppin' N' Trottin' 4-H Club liable for any injuries sustained by my child during any of the Hoppin' N' Trottin' activities.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



**OHIO 4-H SHOOTING SPORTS**  
**PARENT / GUARDIAN LIABILITY RELEASE**



We, the parent(s) / guardian(s) of \_\_\_\_\_ approve of his/her use of firearms, Archery and ammunition in the 4-H Shooting Sports program. We agree not to hold the volunteers and staff, the Ohio State University Extension Service, liable for any damage or accidents. We realize that our child will be expelled from the program if he/she fails to follow instructions and safety guidelines.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT FOR POSSESSION OF HANDGUN BY JUVENILE**

I, \_\_\_\_\_ am the Parent / Legal Guardian of \_\_\_\_\_  
a juvenile whose date of birth is \_\_\_\_\_, I certify that I am not prohibited by Federal,  
State or local law from possessing a handgun or ammunition. I do hereby give my consent and  
permission for the above named juvenile to temporarily possess firearms, handguns and  
ammunition.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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Juvenile Copy. This signed form must be carried by the juvenile named above at all  
times, while in the act of handling, transporting, shooting handguns (pistols) and the  
ammunition.

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**CONSENT FOR POSSESSION OF HANDGUN BY JUVENILE**

I, \_\_\_\_\_ am the Parent / Legal Guardian of \_\_\_\_\_  
a juvenile whose date of birth is \_\_\_\_\_, I certify that I am not prohibited by Federal,  
State or local law from possessing a handgun or ammunition. I do hereby give my consent and  
permission for the above named juvenile to temporarily possess firearms, handguns and  
ammunition.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Permission to Participate and Informed Consent  
Top Shot Competition**

I understand that my child \_\_\_\_\_ will be participating in the activities of the Top Shot Shooting Competition hosted by the Hoppin' N' Trottin' 4-H Club. I understand that my child will be participating in these events with other 4-H members and volunteers from Hoppin' N' Trottin' 4-H Club and the Ohio 4-H program. Activities will include, but not be limited to: shooting sports. I understand that participation in these activities is strictly voluntary and it is not a requirement. I have read, understand, and have discussed with my child that:

- A. Participants are expected to follow the instructions of adult volunteers and other individuals that are hosting our group.
- B. Participants are expected to fully participate in activities outlined by the adults/persons in charge of the events and activities, unless parent/guardian has made prior arrangements.
- C. Participants are expected to respect each other, equipment/materials that are made available to them, and adults in charge of the event.

I understand that my child is not required to participate in these activities, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in these activities, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities and that I assume any expenses that may be incurred in the event of accident, illness or other incapacity, regardless of whether I have authorized such expenses and waive any claims against the Hoppin' N' Trottin' 4-H Club and its volunteers.

\_\_\_\_\_(Initial) I approve of my child's use of firearms, archery and ammunition in the 4-H Shooting Sports Program. I agree not to hold the volunteers and staff and the Ohio State University Extension Service, liable for any damage or accidents resulting from such use and participation. I realize that my child will be expelled from the competition if he/she fails to follow instructions and safety guidelines.

\_\_\_\_\_(Initial) Additionally, I authorize the Hoppin' N' Trottin' 4-H Club to use photographic and video images of my child engaged in 4-H related activities in its promotional media including, but not limited to, the club website, Facebook page, fair booth and news releases.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)