

# Hunterdon County 4-H & Agricultural Fair Event Permission Form for Youth Participants Overnight Youth Herdsman

This form must be completed by all youth participating in overnight herdsman at the Hunterdon County 4-H and Agricultural Fair. **The form should be submitted prior to the event and kept by the chaperone as well as a copy submitted to the 4-H Fair Office.** The form has three parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information. ***Be sure to complete all three parts and sign where requested!***

## Information about the Youth Participant and Activity

Name of youth participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Telephone number: (\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Name of activity/event: **Hunterdon County 4-H and Agricultural Fair Overnight Herdsman of the Llama Tent**

Name of 4-H group sponsoring or participating in this event: **Hunterdon County 4-H & Agricultural Fair Committee**

Location: **South County Park, Hunterdon Fairgrounds**

Date & time of participation of individual named above: **Tuesday, August 21<sup>ST</sup> – Sunday, August 25<sup>th</sup>, 2024**

## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate as an overnight herdsman at the above mentioned. Although the event chaperones will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release the Hunterdon County 4-H & Agricultural Fair and the County of Hunterdon from any liability in case of illness or injury as a result of this activity.

**Signature of parent or guardian** \_\_\_\_\_

## Medical Emergency Authorization and Health Information

I authorize the chaperone(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the chaperone(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of emergency contact	Phone number	Name of additional emergency contact	Phone number
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The following information is provided as an aid to the chaperone(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Insurance: Company \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**