KENTUCKY STATE UNIVERSITY
Cooperative Extension Program 4-H Youth Development

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

TO BE COMPLETED BY PROGRAM STAFF:

Program/Event Name: _____

Date(s):_____ County/Location: _____

Employee Name: _____ Program Area: _____

Participant Information

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

PHOTO AND MEDIA RELEASE

I hereby authorize Kentucky State University and its representatives to photograph, video record, and/or otherwise capture the likeness of my child for use in educational, promotional, and program-related materials, including print and digital formats.

I understand that:

- Participation is voluntary
- No compensation will be provided
- These materials may be used by Kentucky State University without restriction

□ I GIVE permission
□ I DO NOT GIVE permission
Parent/Guardian Initials: _____

FIELD TRIP (OFFSITE TRAVEL) AUTHORIZATION

I give permission for my child to participate in all scheduled camp activities, including supervised field trips both on and off campus, and to travel with authorized program staff.

□ I GIVE permission
□ I DO NOT GIVE permission
Parent/Guardian Initials: _____

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Name of Program/Camp:_____

PARTICIPANTNAME:_____

MEDICATION ADMINISTRATION AUTHORIZATION

I authorize designated camp staff to administer prescription and/or over-the-counter medications to my child as documented on the Medication Administration Form.
I understand that:

- Medications must be provided in original containers
- Instructions must be clearly labeled
- Medication will be administered by authorized personnel only

□ I GIVE permission
□ I DO NOT GIVE permission

Parent/Guardian Initials: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I authorize Kentucky State University staff and representatives to seek and obtain medical care for my child in the event of illness or injury when I cannot be reached.
This includes authorization for:

- Emergency medical treatment
- Hospitalization
- Necessary medical procedures as determined by licensed medical personnel

I understand that I am financially responsible for any medical services provided.

□ I GIVE permission
□ I DO NOT GIVE permission

Parent/Guardian Initials: _____

HEALTH INSURANCE ACKNOWLEDGEMENT

I understand that Kentucky State University does not provide medical insurance coverage for participants.
I agree that:

- I am responsible for all medical expenses incurred
- I have provided current insurance information (if applicable)

□ I ACKNOWLEDGE AND AGREE

Parent/Guardian Initials: _____

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PARTICIPANTNAME:_____

GENERAL PROGRAM ACKNOWLEDGEMENT

I acknowledge that:

- My child is expected to follow all camp rules, policies, and the Code of Conduct
- Failure to comply may result in disciplinary action, including dismissal from the program
- I have reviewed the program expectations with my child

□ I ACKNOWLEDGE AND AGREE

Parent/Guardian Initials: _____

UNIVERSITY POLICY ACKNOWLEDGEMENT

I acknowledge that:

- My child is expected to follow all camp rules, policies, and the Code of Conduct
- Failure to comply may result in disciplinary action, including dismissal from the program
- I have reviewed the program expectations with my child

□ I ACKNOWLEDGE AND AGREE

Parent/Guardian Initials: _____

SIGNATURES OF ACKNOWLEDGEMENT

I certify that I am the parent/legal guardian of the participant listed above and have the authority to grant these permissions. I have read and understand the information provided in this form.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____