Trumbull 4-H STEM Days

July 20, 2016
K-5th Grade: 9:00 a.m. – 4:00 p.m.
Trumbull Agriculture & Family Educational Center - Cortland, OH
$15 per Youth

Plan now to make STEM DAYS a part of your summer! The $15 fee covers lunch, supplies, a t-shirt and event insurance. Activities will include bottle/balloon rockets, kitchen chemistry, and much more! Youth will be split into age-appropriate activities. Pre-registration is necessary to insure adequate supplies and supervision for your children. You may register by using the form below or by calling the OSU Extension Office at 330-638-6783 for more information. See you this summer!

Registration is due by Friday, July 8th to the Trumbull OSUE Office: 520 W. Main St. Suite 1 Cortland, OH 44410
Please make checks payable to: Trumbull County 4-H Advisory Committee

REGISTRATION FORM

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>AGE</th>
<th>SHIRT SIZE</th>
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I give permission for my child to attend 4-H STEM Days and participate in all programs and activities. OSU Extension staff and volunteers may seek emergency medical care for my child if I cannot be contacted.

Photo/Video Release

Many times pictures of 4-H youth are used for news releases and other PR purposes therefore we ask your permission to use pictures that may include your child.

Photo/Video Release – I give permission to The Ohio State University, OSU Extension, and The Ohio 4-H Program to use photographs, voice video images of the participant below and photographs, voice and video images of any activities in which the participant is involved in, any and all public awareness programs of The Ohio State University, OSU Extension, and The Ohio 4-H Program.

Parent Signature: __________________________________________ Date: __________________

Print Parent name: __________________________________________ Email: ____________________

Please fill out health form on back.

trumbull.osu.edu

CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information: go.osu.edu/cfaesdiversity.
PARTICIPANT HEALTH HISTORY

This form must be completed for each participant by the parents/guardians of minors. This information will be kept confidential and used only for the welfare of the participant.

Event: TRUMBULL STEM DAYS  Date of Event: July 20, 2016

Location of Event: Trumbull Agriculture & Family Educational Center

YOUTH NAME __________________________  Last  First  Middle

[ ] FEMALE  [ ] MALE  AGE ____________  DATE OF BIRTH ______________________________________

ADDRESS ____________________________________________________________

Street  City  State  Zip

PHONE (Home) ____________________________  PARENT/ GUARDIAN’S WORK PHONE ________________

CELL PHONE______________________________

IN CASE OF EMERGENCY, CONTACT:

PARENT/GUARDIAN’S NAME ______  PHONE ________________________

OTHER PERSON__________________________  PHONE ________________________

PHYSICIAN’S NAME ____________________  PHONE ________________________

Check if participant is allergic to:

[ ] Foods (Specify) __________________________________________________________

[ ] Medications, Prescription or Non-Prescription Drugs (Specify) ____________________________

[ ] Poison Ivy, Oak, or Sumac ____________________________________________________________

[ ] Bee or Insect Stings _________________________________________________________________

[ ] Other _____________________________________________________________________________

Prescribed Treatment _________________________________________________________________

LIST ALL OTHER CONDITIONS (Contact Lenses, Braces, etc.) and associated restrictions in activities:

Conditions: _________________________________________________________________________

Medications: _________________________________________________________________________

Specify any restrictions in activities: ____________________________________________

PARENT/GUARDIAN MEDICAL RELEASE

___________________________ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand that the 4-H staff and volunteers, Ohio State University Extension, and The Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant’s present medical conditions listed. I further understand in case of serious injury or illness, I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The 4-H event’s nurse/health director has my permission to administer the prescription medications and/or over the counter medications.

Signature ___________________________  Date ____________________________

Parent/Guardian

___________________________

Parent/Guardian