



September 28, 2023

**Wilson County**

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[wilson.tennessee.edu](http://wilson.tennessee.edu)

**Dear Jr. High and Sr. High 4-H Members:**

Our next 4-H Honor Club meeting of the year will be held on **Monday, October, 16** in the Gentry Building at the James E. Ward Ag Center (Wilson County Fairgrounds) from **5:30-7:00 PM**.

Honor Club is the first step in Tennessee's recognition program for outstanding 4-H members. We focus on community service, leadership, and citizenship. Honor Club is also a way to stay informed of upcoming 4-H activities and events and is a great way to be involved on a local, regional and state level. Honor Club is for ANY students in 6<sup>th</sup>-12<sup>th</sup> grades who would like to be more involved in 4-H programming!

For this meeting, we will be having our annual 4-H Honor Club Costume Contest. Please feel free to wear your favorite "School appropriate" Halloween Costume! There will be a treat for the winners of the contest!

Please fill out the enclosed enrollment form and 600A form and bring it with you to the first meeting. Remember a parent or guardian signature is needed on the 600a form. We will also be using the "Remind" text message service again this year. We have included a flyer with instructions on how to sign up. We encourage you to sign up for this free service to ensure you are reminded of meetings and notified of last-minute changes to dates, times and locations as necessary.

**2023-2024 Honor Club Schedule**

- September 18 – Gentry building
- October 16 – Gentry building
- November 13 – Gentry building
- December 11 – Gentry building
- January 8 – Gentry building
- February 12 – Gentry building
- March 4 – Gentry building
- April 22 – Gentry building
- \* All meetings 5:30-7:00pm \***

**2023-2024 Honor Club Officers**

Elijah Hancock – President (Walter J. Baird Middle School)  
Samuel Cordray – Vice President (Homeschooled)  
John Hancock – Secretary (Lebanon High School)  
Sarah Powell - Senior Representative (Watertown High School)  
Lincoln Cline – Senior Representative (Watertown High School)

We are excited for all we have planned for the 2023-2024 year! We hope to see you all there!

Sincerely,



Morgan Beaty  
4-H Extension Agent  
[mbeaty3@utk.edu](mailto:mbeaty3@utk.edu)



Grace Harville  
4-H Extension Agent  
[gharvill@utk.edu](mailto:gharvill@utk.edu)

# 2023-24 Tennessee 4-H Enrollment Form



\_\_\_\_\_ County School \_\_\_\_\_ Teacher \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_

- Race (can choose more than one)**
- American Indian/Alaskan Native       Asian
- Black/African American       Native Hawaiian/Other Pacific Islander       White
- Other/Unidentified

**Ethnicity**       Hispanic       Non-Hispanic       Unidentified

Grade in School \_\_\_\_\_ Email Address \_\_\_\_\_

**Projects**

- Beef
- Citizenship
- Clothing & Textiles
- Communications/Public Speaking
- Companion Animals (cat, dog, rabbit, etc.)
- Computers and Technology
- Consumer Education/Economics
- Creative Arts and Design
- Dairy
- Electric
- Engineering/Safety Science
- Entomology/Beekeeping
- Entrepreneurship
- Food Science
- Forestry, Wildlife and Fisheries
- Goat
- Horse
- Horticulture/Garden
- Leadership

- Nutrition, Health, & Fitness
- Outdoor Recreation/Shooting Sports
- Performing Arts/Recreation
- Personal Development
- Photography
- Plant Science
- Poultry
- Sheep
- Swine
- Veterinary Science

**Activities**

- Consumer Decision Making
- Dairy Cattle Judging
- Dairy Products
- Forestry Judging
- Horse Judging
- Land Judging
- Life Skills
- Livestock Judging
- Meat Science
- Outdoor Meat Cookery
- Poultry Judging
- Wildlife Evaluation

**Describe where you live**

- Farm       Town or city 10,000 to 50,000       Central city over 50,000
- Rural non-farm/town under 10,000       City or suburb of city over 50,000

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

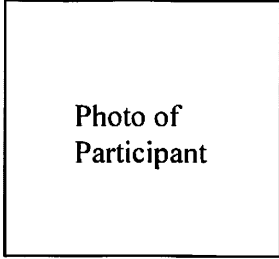
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent(s)/Guardian(s)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Is your parent currently enlisted in the military?       Yes       No

**Activity and Event  
Acceptance Form**



T-Shirt Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Please print

Name \_\_\_\_\_  
(Last) (First) (M.)

County \_\_\_\_\_

*This form is valid for one calendar year (beginning on January 1st of the current year) and will expire on December 31st of the current year. Any updates to this information are required to be submitted in writing to the county extension office no later than 7 days prior to the next 4-H event.*

**A. Identification of Participant**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone ( ) \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_ Nighttime Phone ( ) \_\_\_\_\_

Workplace Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(Address/City/State/ZIP)

Other Emergency Contact (if appropriate) \_\_\_\_\_  
(Name)

\_\_\_\_\_ ( ) \_\_\_\_\_  
(Address/City/State/ZIP) (Phone, if different than above)

**B. Code of Conduct**

Tennessee 4-H activities are planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

**C. Publicity Release**

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

## D. Health History and Medical Record for \_\_\_\_\_

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Medical/Hospital \_\_\_\_\_  
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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### Check all that apply

Is participant allergic to the following drugs?:

- Penicillin     Sulfa Drug     Tetracycline     Aspirin  
 Allergy to a medicine, food, plant, or insect toxin. (Explain) \_\_\_\_\_

- Asthma     Heart Trouble     Nosebleeds     Diabetes     Convulsions     Fainting Spells  
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) \_\_\_\_\_

Does participant wear:  Dentures     Contact Lens     Other (Explain) \_\_\_\_\_

Is any medication, including behavior modification medication, being taken at the present time?  Yes  No

If yes, explain \_\_\_\_\_

Date of most recent medical examination: \_\_\_\_\_

Are you aware of any current health problems?  Yes  No If yes, explain \_\_\_\_\_

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C (circle one/any)	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
				<input type="checkbox"/> Tuberculosis

## E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

## F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

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## G. Administration of Medication

Check here if your child, \_\_\_\_\_, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.  
*(Name of Participant)*

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

## H. Emergency Medical Release

In consideration of \_\_\_\_\_ 's (*participant's name*) participation in 4-H activities, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization, or surgery.

In the event of injury or illness to \_\_\_\_\_ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event may or may not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

### Required Signatures\* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	<b>A. Identification of Participant</b>
_____		_____	<b>B. Code of Conduct</b>
_____		_____	<b>C. Publicity Release</b>
_____		_____	<b>D. Health History and Medical Record</b>
_____		_____	<b>E. Health and Safety Investigations</b>
_____		_____	<b>F. Consent for First Aid Treatment</b>
_____		_____	<b>G. Self-Administration of Medication</b>
_____		_____	<b>H. Emergency Medical Approval</b>

*\* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.*

**I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or Guardian Signature)* *(Month/Day/Year)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature)* *(Month/Day/Year)*

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.  
 University of Tennessee Institute of Agriculture and county governments cooperating.  
 UT Extension provides equal opportunities in programs and employment.  
 Revised 4/2022



# Sign up for important updates from Morgan Beaty 4-H.

Get information for Wilson County 4-H right on your phone—not on handouts.

Pick a way to receive messages for Honor Club:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

**rmd.at/mrssissysh**

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

Notification content:

- Sender: rmd.at/mrssissysh
- Title: Join Honor Club
- Field 1: Full Name
- Field 2: First and Last Name
- Field 3: Phone Number or Email Address
- Value: (555) 555-5555

- B** If you don't have a smartphone, get text notifications.

Text the message @mrssissysh to the number 81010.

If you're having trouble with 81010, try texting @mrssissysh to (731) 256-0496.

*\* Standard text message rates apply.*

Text message content:

- To: 81010
- Message: @mrssissysh

Don't have a mobile phone? Go to [rmd.at/mrssissysh](http://rmd.at/mrssissysh) on a desktop computer to sign up for email notifications.