

April 28, 2023

RE: 2023 UMass 4-H Dairy Academy, May 20, 2023 – Three County Fairgrounds, Fair Street, Northampton, MA

This year we are pleased to have Katie Coyne return with a few different workshops. We will also have Joyce Thomas attending to do any hoof trimming that is needed. Checks for hoof trimming will be made payable directly to Joyce.

4-H'ers of **ALL** experience levels in grades 3rd and up are invited to bring a dairy calf or heifer to experience hands-on learning in washing, fitting, clipping, showmanship and more!

Cost for the day is \$50.00 payable to **UMass 4-H**. Remember to reach out to your 4-H educator since many county 4-H advisories pay direct or reimburse the cost of the event.

On Saturday, lunch and snacks will be provided.

All youth participants need to complete the enclosed UMass 4-H Health Form along with the Animal Liability Release Form and hand-in the day of arrival to the registration area.

Animal Health Paperwork (CVI) must accompany your heifer.

REGISTER <https://forms.gle/gTXGhcMmm5cZzbzt5> Deadline to register is May 10<sup>th</sup>.

Please contact me with any questions. We look forward to seeing you at the academy!

Best Regards,



Carrie Chickering-Sears

State 4-H Animal Specialist – UMass 4-H Program

[ccsears@umext.umass.edu](mailto:ccsears@umext.umass.edu) or cell 413-522-5210

**Tips:**

If bringing a calf or heifer, it is recommended they come washed and that youth spot wash upon arrival.

Youth should prepare a heifer to bring by breaking it to lead, clipping the head and washing it twice before attending the clinic.

Heifers should be washed the evening before the clinic.

It is best not to bring milk cows.

Please bring heifers that can be handled by the participant (not too big for younger showmen)

Youth may share heifers if needed but ideally, one heifer/person works best.

The clinic will start with the clipping session so cattle should be clean and dry at the start of the clinic.

Youth will clip their calf as they advance to the next level of proficiency with their clipping.

Parents are encouraged to participate with limited assistance to the youth.

The fairgrounds will be open and ready for arrivals starting at 7:30 am.

**Additional information:**

Participants should bring:

- Hay and water bucket
- Clipping equipment - clippers, topline brush
- Show whites and Show halter
- Other show supplies - fly spray, brushes, hose, etc...
- *Chutes are optional*

# UMass 4-H Youth Development 2022-2023 MEMBER HEALTH INFORMATION FORM

## COMPLETION OF THIS TWO PAGE FORM IS REQUIRED

Name of Youth Member

County of Enrollment

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

1. Please check the following conditions that apply to your child:
- ☐ ADD/ADHD  
☐ Anxiety  
☐ Asthma  
☐ Bronchitis

☐ Convulsions/seizures  
☐ Depression  
☐ Diabetes  
☐ Fainting Spells

☐ Heart or cardio vascular problems/disease  
☐ Migraine headaches

List other conditions:

2. List any allergies:

Does the youth carry an EpiPen?	
Drug reactions/Medications	
List any dietary restrictions or allergies	
Other Allergies such as Insect bites/Stings/Bees, etc.	

3. Please circle over-the counter medications that can be administered by 4-H staff and volunteers at an event:

Antacid  
Antihistamine  
Cough Syrup

Decongestant  
Dramamine  
Hydrocortisone

Ibuprofen  
Antibiotic Cream  
Acetaminophen

Other:

4. Are there any operations or serious illnesses within the last year and any complications that staff should be aware of?
5. Does the youth member have any devices staff should be aware of such as contact lenses, inhaler, or other items?
6. Provide any additional information not covered above that a physician, emergency personnel or staff would find helpful:
7. If you have any question about your child's health, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation.



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This Medical Release Form is authorized for all 4-H Youth Development meetings & activities for the current 4-H year:

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Name of 4-H Club(s)/Group(s)

While my child is attending or traveling to or from a 4-H function, I HEREBY AUTHORIZE THE ADULT 4-H VOLUNTEER LEADER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

- ▶ Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act.
- ▶ This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the American Income Life Accident Policy purchased for enrolled 4-H members.

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship to Youth Identified Above \_\_\_\_\_

( ) ( )  
Home Phone (with area code) \_\_\_\_\_ Cell Phone (with area code) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Contact if Parent/Guardian Cannot Be Reached \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name of Child's Physician (optional) \_\_\_\_\_ Phone number \_\_\_\_\_

### AUTHORIZATION, CONSENT AND RELEASE

I hereby certify that my child is in good health and can participate in and travel to all functions of the 4-H Youth Development Program.

- ▶ I understand it is my responsibility to keep the Health History Information form updated regarding my child/ward's medical situation including pre-existing conditions, allergies, change in medications or medical status so that in case of a medical emergency appropriate medical assistance can be given, and may affect the youth's regular participation in program activities.
- ▶ I understand that the volunteer leader(s) and 4-H staff understand that medical information is confidential and will release health information only to designated medical personnel in the event of an emergency, as authorized by my signature below.
- ▶ I understand that 4-H may require a doctor's note if there are any questions about the ability of the member to participate safely in 4-H activities.
- ▶ I certify that I have accurately provided the required information and signed the **Permission & Liability Waiver** form.
- ▶ In case of emergency, I give my consent for necessary examination and treatment as prescribed by the attending physician.

\_\_\_\_\_  
Signature of Custodial Parent(s)/Guardian

\_\_\_\_\_  
Date



**University of Massachusetts, Amherst**  
**UMass 4-H Dairy Cattle Academy**  
**May 21, 2023**  
**LIABILITY RELEASE**

This is a legally binding Liability Release made by me (parent/guardian),  
\_\_\_\_\_ to the University of Massachusetts, Amherst  
(University).

I fully recognize that there are dangers and risks to which my child may be exposed by participating in the UMass 4-H Dairy Cattle Academy. I understand that there is an element of unpredictability involved in animal behavior that cannot always be controlled by the 4-H volunteer leader(s) or staff. The following is a non-inclusive description and examples of possible specific, significant, non-obvious dangers and risks associated with this activity:

- Participant contracting an illness at the event;
- Animal or participant causing or suffering an injury during the event;

I understand that each participant and his/her parent(s) or legal guardian(s) if under the age of 18 years, will be solely responsible for any loss, injury or damage to any participant occasioned by my child's actions, or for loss, injury or damage. I also understand that the University does not require my child to participate in this activity, but I want her/him to do so, with the assistance of a screened 4-H volunteer leader(s) or staff despite the possible dangers and risks and despite this Release.

I therefore agree, in consideration of and return for the services, facilities, and other assistance provided to my child and myself by the University in this activity, to RELEASE the University (and its Board of Trustees, officers, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to my child, from my child's death or from damage to my property in connection with my participation in this activity. I understand that this RELEASE covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.

I recognize that this RELEASE means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for injuries, damages, or losses that my child or I may incur. I also understand that this Release binds myself and my child, and my child's heirs, executors, administrators, and assigns.

I have read this entire Release, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

\_\_\_\_\_  
(Releasor's Signature/Date)

\_\_\_\_\_  
(Witness Signature/Date)

\_\_\_\_\_  
(Parent(s) or Guardian(s) Signature(s) if Releasor is under 18 years old) (Date)