



# MISSOURI 4-H CENTER FOR YOUTH DEVELOPMENT STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS MEDICAL FORM

**- to be completed by physician and notarized**

Participant's Name: \_\_\_\_\_ State: \_\_\_\_\_

Destination Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

To the Examining Physician: This individual is applying for a cross-cultural exchange program. Participants live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds--sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her assignment. If the applicant is accepted for participation, necessary immunizations will be required.

## 1. Inoculation History

Vaccine	Number	Date of injection	Vaccinated by/at	Contracted or not?	Date contracted (M/D/Y)
Measles	1st			Yes / No	
	2nd				
Mumps	1st			Yes / No	
	2nd				
Rubella	1st			Yes / No	
	2nd				
Chickenpox				Yes / No	
Polio (OPV)	1st			Yes / No	
	2nd				
	3rd				
	4th				
DPT Diphtheria Pertussis Tetanus	1st			Yes / No	
	2nd				
	3rd				
	4th				
	5th				
Tuberculosis					
Vaccine type for TB					
Hepatitis B	1st				
	2nd				
	3rd				
Others					

**2. Is this person subject to any of the following? If YES, please explain condition and/or frequency.**

			Condition/Frequency
Asthma/Respiratory Problems	Yes	No	_____
Diabetes/Hypoglycemia	Yes	No	_____
Heart Trouble	Yes	No	_____
Lung Trouble	Yes	No	_____
Fainting Spells	Yes	No	_____
Convulsions	Yes	No	_____
Epilepsy	Yes	No	_____
Skin Disease	Yes	No	_____
Kidney/Gall Bladder/Liver Disease	Yes	No	_____
Muscular/Skeletal Problem	Yes	No	_____
Emotional or Mental Disorder	Yes	No	_____
Stomach/Intestinal Problem	Yes	No	_____
Any Other Disorder (Please list and explain)			_____

**3. Does he/she have any allergies or reactions to drugs or non-drug items?**

• **Medicines:**

Penicillin or Related Drugs: Yes No  
 Aminopyrine or Sulpyrine Type Drug: Yes No  
 Others: \_\_\_\_\_

• **Non-Drug Items:**

Bees                      Pollen,                      Dogs                      Cats                      Small Animals  
 Foods \_\_\_\_\_

**4. Does he/she have difficulties with any of the following?**

			Remarks
Eyes	Yes	No	_____
Uses Contact Lenses	Yes	No	_____
Ears	Yes	No	_____
Nose	Yes	No	_____
Throat	Yes	No	_____
Digestion	Yes	No	_____
Sleepwalking	Yes	No	_____
Bed-Wetting	Yes	No	_____
Menstrual problems	Yes	No	_____
Any other Difficulties: (Please list)			_____

- Any surgical operations, accidents, or injuries which required hospitalization in the past?

Yes      No      Explain: \_\_\_\_\_

- Any recent exposure to a contagious disease?

Yes      No      Explain: \_\_\_\_\_

- If applicant is carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.

Name of medicine	For what illness/symptoms	Dosage/Times taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Are there any physical activities that applicant is restricted from doing? If YES, please list.

Yes      No      If so, what kind? \_\_\_\_\_

- Any additional information the host parents should be aware of?

Yes      No      Explain: \_\_\_\_\_

- Is this person currently under a doctor's care?

Yes      No      Explain: \_\_\_\_\_

- Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question this applicant's participation in this program?

Yes      No      Explain: \_\_\_\_\_

For additional comments, please use an extra sheet of paper.

Date of examination upon which this report is based: \_\_\_\_\_

I have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included and that the above information is complete and accurate.

<p><b>Physician's Name/Address</b></p> <p>_____</p> <p>_____</p> <p>Date: Month/Day/Year _____</p>
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<p><b>Physician's official stamp and signature</b></p>
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**MISSOURI 4-H CENTER FOR YOUTH DEVELOPMENT  
STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS  
MEDICAL RELEASE FORM**  
(To be completed by parent)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Destination Country: \_\_\_\_\_ Participant's Home State: \_\_\_\_\_

I hereby authorize the representatives of the States' 4-H International Exchange Programs (S4-HIEP), the S4-HIEP Board, international partner organization(s), Carlson WagonLit Travel (CWT), WorldWide Exchange Services or the parents of the family assigned as hosts for my child, to make arrangements for my child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare, while participating in this program.

\_\_\_\_\_  
Signature of Parent or Guardian: \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to participant:    Parent    Guardian    Other

Alternate emergency contact: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Family physician or clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS OUTBOUND PROGRAM INSURANCE AGREEMENT Missouri 4-H Center for Youth Development

PRINT IN DARK INK OR TYPE

1. After being accepted, I will be provided with the States' 4-H International Exchange Programs Insurance information. I acknowledge the following:
  - a) The Insurance supplements any other policy of health or accident insurance covering the participant and/or his or her family.
  - b) Reimbursements made under this Insurance shall not include subsistence or transportation from the place of injury or illness to the U.S., or to any other place. Reimbursements for transportation or subsistence, unless it is medically necessary, will not include alternate modes of transportation such as, by way of illustration but not limitation, a berth on an airplane. Should it become medically necessary, reimbursement will include transportation and subsistence to the nearest facility where adequate medical attention can be furnished, provided these expenses are not reimbursed by the sponsoring host organization. In all cases where reimbursement for alternate modes is requested, there must be evidence that appropriate medical facilities are not available. All reimbursements will be limited to transportation costs to the nearest alternate and appropriate facility.
  - c) If I, as the participant, elect to return home or to travel to another country for medical care or treatment, and elect not to use the services and appropriate treatment at the nearest point available, I will pay for all additional costs beyond those provided under the provisions of the program, unless a prior commitment has been made with WorldWise Exchange Services, CWT (Carlson Wagonlit Travel) and the States' 4-H International Exchange Programs Board.
2. I agree that I will not operate, at any time, a motor or horse-drawn vehicle of any kind. Nor will I, at any time operate a watercraft or private aircraft.
3. In the event of an emergency, I consent to have WorldWise Exchange Services, the international partner organization, the States' 4-H International Exchange Programs Board, or its agent or representative select appropriate medical and surgical treatments that may be required, including arrangements for anesthesia or other medication, and other preliminary or additional treatments, operations, tests, transfusions, and injections that may be required.
4. I and my parents or legal guardian (if I am under 21 years of age), and their respective heirs, successors, administrator, executors and assigns, agree to indemnify and hold harmless WorldWise Exchange Services, the States' 4-H International Exchange Programs (Board, staff, and volunteers), the international partner organization, and any host family, past or present, against any claims, losses, expenses or payment resulting from any act or failure to act by me.
5. WorldWise Exchange Services, the States' 4-H International Exchange Programs (Board, staff, and volunteers), and the international partner organization shall have no liability if I voluntarily or otherwise withdraw or am dismissed from the program.
6. WorldWise Exchange Services, the States' 4-H International Exchange Programs (Board, staff, and volunteers), and the international partner organization is not responsible for additional costs incurred when I change airline tickets or make other travel arrangements.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# States' 4-H International Exchange Programs



## Outbound Cultural Project

Each outbound participant is asked to prepare a cultural project that he/she can share with his/her host family. The cultural project should focus on an aspect of American culture that is important to you. The project can be in any form and on any topic. For instance, previous participants have:

- Demonstrated how to throw a lasso
- Prepared their favorite food dish
- Sang a favorite pop song (with accompanying dance moves!)
- Taught their favorite sport/game and then played it with their host family
- Photo album of a specific cultural aspect (such as fast food restaurants, American grocery stores, HS prom, etc.)

Pick a project that you enjoy and that you're comfortable teaching others. You should also be prepared to leave a "hard copy" of your project with your host family. For instance, write down the recipe for your favorite dish, write down the lyrics for your favorite song, take photographs of your dance moves, or prepare a guidebook with pictures on your favorite sport. The main goal is for you to share a piece of American culture with your host family and new friends...and to have fun!

Please describe your project in the space below and/or attach separate sheet (if necessary):

## **University of Missouri Extension Assumption of Risk and Release Form**

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(If Applicant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

The Missouri 4-H Exchange Program (The Program):  
\_\_\_\_\_

This program provides unique opportunities for a cultural experience and personal growth. The program entails special risks which will be discussed below. Parents and the 4-H member should understand and become comfortable with these risks. You will have an opportunity to discuss any concerns during program orientation which you are required to attend. This release form specifies certain areas of risk that you should know about before you decide to participate in the program.

I hereby agree as follows:

1. **RISKS OF MISSOURI 4-H EXCHANGE PROGRAM:** I understand that participation in the Program specified above ("the Program") may involve risks not found in local 4-H activities. These risks include, but are not limited to those risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety and maintenance of buildings, public, places and conveyances; local medical and weather conditions; and other matters described on a separate Program Risk form which I have received, reviewed, and initiated, and which is incorporated by reference in this Release Form. I have made my own investigation, and am willing to accept these risks.
2. **INSTITUTIONAL ARRANGEMENTS:** I understand that the Curators of the University of Missouri and Missouri 4-H does not represent or act as an agent for, and cannot control the acts or omissions of, any host entity, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program.
3. **LIMITS OF UNIVERSITY RESPONSIBILITY:** I understand that the University of Missouri and Missouri 4-H University cannot:
  - a) Guarantee the safety of participants or eliminate risk from the exchange program.

- b) Monitor or control all the daily personal decisions, choices, and activities of individual participants.
- c) Prevent participants from engaging in illegal, dangerous or unwise activities.
- d) Assure that US standards of due process apply or provide or pay for legal representation for participants.
- e) Assume responsibility for the actions of persons not employed or otherwise engaged by the University of Missouri and Missouri 4-H, for events that are beyond the control of the University of Missouri and Missouri 4-H and its subcontractors, or for situations which arise from the failure of a participant to disclose pertinent information.
- f) Assure that home-country cultural values will apply on the program when these differ from those of the host country.
- g) Be responsible for any injury or loss suffered when traveling independently or otherwise separated or absent from any University of Missouri and Missouri 4-H supervised activities.

#### 4. HEALTH AND SAFETY:

- a) I have consulted with a medical doctor or Christian Science practitioner and program coordinator with regard to my personal medical needs. There are no health-related reasons or problems that preclude my participation in this Program.
- b) The University of Missouri and Missouri 4-H may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. While the program includes accident and sickness insurance, I agree to pay all uncovered and additional expenses' relating thereto and release the University of Missouri and Missouri 4-H from any liability for any actions.

#### 5. STANDARDS OF CONDUCT:

- a) I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior which violates those laws or standards could harm the University of Missouri and Missouri 4-H relations with those countries and the entities therein, as well as my own health and safety. I will become informed of, and will abide by, all such

laws and standards for each country to or through which I will travel during the Program.

- b) I also will comply with the University of Missouri and Missouri 4-H code of conduct, standards and instructions for participant behavior.
  - c) I agree that the University of Missouri and Missouri 4-H has the right to enforce the standards of conducts described above, in its sole judgment, and that it will impose sanctions, up to and including termination from the Program, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University of Missouri and Missouri 4-H, the Program, or other participants. If the participant is terminated from the Program, I consent to being responsible for expenses that may arise and with no refund of fees or program costs.
  - d) I will attend to any legal problems the participant encounters with any foreign nationals or government of the host country. The University of Missouri and Missouri 4-H is not responsible for providing any assistance under such circumstances.
6. **PROGRAM CHANGES:** The University of Missouri and Missouri 4-H has the right to make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the University of Missouri and Missouri 4-H fees and program charges are based on current airfares, lodging rates and travel costs, which are subject to change. If participant leaves or is terminated from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, or sickness, weather, strikes, or other unforeseen causes. If participant becomes detached from the Program group, fails to meet a departure bus, airplane, or train, or becomes sick or injured, participant will at, my own expense seek out, contact, and reach the Program chaperone at its next available destination.
7. **ASSUMPTION OF RISK AND RELEASE OF CLAIMS:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding participation in the Program. I hereby agree to release, hold harmless and indemnify The Curators of the University of Missouri, a public corporation, its officers, employees, and agents, and the individual members of the Board of Curators, from and against any present or future claim, loss or liability for injury to person or property which member may suffer, or for which member may be liable to any other person, during participation in the Program (including period in transit to or from any country where the Program is being conducted).

I have carefully read this Release Form before signing it. No representations statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall define the participants and my responsibilities relating to the Program for which I have qualified through the University of Missouri and Missouri 4-H and shall be governed by the laws of Missouri, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

X \_\_\_\_\_  
Signature of Applicant Date

I (A) am the parent or legal guardian of the above Applicant, (B) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility), (C) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form, and (D) agree, for myself and for the Applicant, to be bound by its terms.

X \_\_\_\_\_  
Signature of Parent/Guardian Date  
(If Applicant is under 18 years of age)

Send Completed Form To: Missouri 4H Center for Youth Development  
Joyce Taylor, Coordinator  
Global Education  
802 Clark Hall  
Columbia, MO 65211

State of Missouri, County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature**

“Equal opportunity is and shall be provided to all participants in Extension programs and activities, and for all employees and applicants for employment on the basis of their demonstrated ability and competence without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability of status as a Vietnam-era veteran. This policy shall not be interpreted in such a manner as to violate the legal rights of religious organizations or military organizations associated with the armed forces of the United State of America”