Safe Activities for Engaging and Training Youth

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FOCUS

• Get packing and start planning your next 4-H camp! Join us as we take a look at safety procedures before, during and after camp for all age groups. What to look for, how to reduce the risks before hand, “what if” scenarios, etc. Hands-on activities include teaching simple, safe games for all age groups and activities that don’t need any materials/equipment.
4-H INSURANCE

All 4-H Clubs are recommended to utilize year-round accident insurance. In other words, all county activities should either:

1. Require that all participants have accident insurance,
2. Provide accident insurance, or
3. Require a legal document from parents/guardians of participants waiving responsibility of the organization for providing insurance.

Policies are available from a variety of companies. Some will cover many 4-H activities. Others are for specific programs only.

New Mexico State University's liability insurance covers Cooperative Extension Service Agents and 4-H Leaders who, in their scope of duties, are required, requested, or authorized by the Cooperative Extension Service to carry out programming responsibilities.

A medical authorization form is required for each member to participate in any activities when travel or overnight stays are involved. One copy of the completed authorization form should be kept with the member and one copy should be kept with the adult responsible for the member for the duration of the event and for travel to and from the event.
VOLUNTEER INSURANCE COVERAGE

All enrolled volunteer 4-H leaders are considered to be unpaid employees of the State of New Mexico and as such are protected under the Tort Claims Act of the State of New Mexico. The Tort Claims Act is the state law that provides protection to state employees from claims of wrongful actions.

The Volunteer Protection Act will help protect the 4-H Youth Development Program that greatly depends on volunteers to conduct educational programs and events. This law limits a volunteer’s liability for harm provided that:

1. They are working within the scope of their duties.
2. They are properly licensed and certified by the proper authorities.
3. The harm was not caused by willful conduct.
FORMS TO BE FAMILIAR WITH:

The following forms are available on the State 4-H website and through the County Extension Offices:

• 1. NM 4-H Youth/Adult Medical and Liability Release / Code of Conduct Contract and Media Release Form 300.A-3/4 (R-2009)

• 2. Consent Form for Overnight Lodging with Non-Custodial Adult

• 3. 4-H Rodeo Eligibility Certificate and Waiver of Liabilities

• 4. NM STATE 4-H INCIDENT REPORT FORM
NM 4-H YOUTH MEDICAL AND LIABILITY RELEASE / CODE OF CONDUCT CONTRACT AND MEDIA RELEASE FORM

300.A-3 (R-2009)

New Mexico 4-H Code of Conduct for Adult:
The provisions of this Code of Conduct is applicable to the 4-H Youth Development Program. All adults working with 4-H youth are charged to uphold and maintain a high standard of behavior for the benefit of the youth they serve. Therefore, the adult, by signing this form agrees to conduct him/herself in a responsible manner and abide by all expectations as stated.

Expectations:
- To conduct self, support, and supervise adult staff and youth leadership as they uphold the 4-H program.
- To report health, safety, and well-being of the youth people I am responsible for.
- To set in an influential manner to young participants and model appropriate behavior.
- To abide by the same rules as the youth, spelled out in the Code of Conduct and Clothing Conditions, including flat participating in any recreational activity, down to evenings, before, during or after event until tax law are released from any responsibility.
- To model youth participation in events expectations of dress, manners, safety, responsibility, etc., for the event and any concerns and questions of the youth.
- To adhere all written and verbal behavior expectations established by youth participating in the 4-H Youth Development Program.
- To conduct their local 4-H program centers in determining appropriate disciplinary action in the case of inappropriate youth behaviors.
- To refrain from engaging in demonstrating conflict with other parents, volunteers, campground staff or staff.
- To set in the best interest of the youth in the event of an emergency.
- To communicate with 4-H clubs about youth involvement.
- To understand the responsibilities of safe driving.
- To avoid social contacts of any type with youth in a personal setting of adults in the presence of youth.
- To not engage situations involving buying, having or handling, use of narcotics or alcohol to ensure the safety of our youth being thrashed,2

Religious or other ceremonies involving rites, services, or activities.
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Release of Liability and Medical Authorization
The health history provided is current and complete to my knowledge. I understand that should information change throughout the course of the 4-H program year. I am responsible for providing this information and attaining a signed release from the County Extension Office. If my youth or other health conditions occur as stated in this form, I will seek medical treatment in the correct 4-H program representatives to contact my behalf to provide medical treatment in the case of emergency medical treatment. I further understand the above medical professionals to complete the required steps of the program and provide the necessary steps of the program.

New Mexico 4-H Media Release
Participants in FMU’s Cooperative Extension Service, 4-H Youth Development Program events are sometimes photographed and videotaped for use in 4-H, parental and educational priorities. I authorize New Mexico State University to record and photograph any images and/or voice for use by New Mexico State University or its agencies in research, educational, and promotional programs. I understand and agree that these videos, photos, and media images may be edited, cropped, distributed, and reproduced, broadcast, used in electronic and print media, and such releases shall not be released without written permission of the parents. If the 4-H adult cannot attend, please state this here:

New Mexico 4-H Medical Information

- Medications:
  - Name:
  - Dosage:
  - Frequency:
  - Other:

- Allergies:
  - Name:
  - Type:
  - Reaction:
  - Other:

- Other health conditions:
  - Name:
  - Type:

- Emergency Contact:
  - Name:
  - Relationship:
  - Phone:

- Medical History:
  - Heart:
  - Diabetes:
  - Hypertension:
  - Asthma:
  - Epilepsy:
  - Other:

- Signed by:
  - Name:
  - Date:

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CONSENT FORM FOR OVERNIGHT LODGING WITH NON-CUSTODIAL ADULT

Consent Form for Overnight Lodging with Non-Custodial Adult

This form is to be completed by the 4-H member’s parent/guardian when giving permission for the child to room overnight with an adult who is NOT their parent or guardian.

I (name of parent/guardian) ___________________________ of (city, state) _____________________________ understand that the New Mexico 4-H Youth Development Program has a policy that restricts non-parent/non-guardian adults from rooming with youth without the permission of their parent or guardian.

Therefore, as the parent/guardian of (name of youth) ____________________________

I allow my child to room with (name of adult) ____________________________ and I accept the responsibility of any consequences and absolve the Cooperative Extension Agent, County, District and State New Mexico Cooperative Extension Service from any and all responsibility.

Signed ___________________________ Date __________
4-H RODEO ELIGIBILITY CERTIFICATE AND WAIVER OF LIABILITIES

Cooperative Extension Service
College of Agricultural, Consumer and Environmental Sciences

4-H Rodeo Eligibility Certificate and Waiver of Liabilities

Rodeo ID Number__________________________

County: ___________________________ Club: ___________________________

We, the undersigned parents and/or legal guardians of _______ a minor, hereby release the New Mexico State and County 4-H Organization, and sponsoring group, organizations and individuals, and the owners or operators of any property where the activity may take place, from any and all responsibilities and liabilities for any and all injuries or disbursements of any kind or nature, whatsoever sustained or inflicted, by or through, our son’s or daughter’s participation in the 4-H Rodeo project.

This release is complete and full and is not conditioned upon any act, word, or deed by either the undersigned or sponsoring bodies and individuals of said 4-H rodeo project.

Parent or Guardian: ___________________________ Parent or Guardian: ___________________________

Name of Insurance Company: ___________________________ Policy Number: ___________________________

4-Hers Name (Print/Sign): ___________________________ Mals: _______ Femals: _______

4-Hers Complete Mailing Address

Street or PO Box: ___________________________ City/Town: ___________________________ State: _______ Zip: _______

Birthdate: ___________________________ / ___________________________ / _______

Age Division (Please check one): [ ] Novice (Age 9-11) [ ] Junior (Age 12-14) [ ] Senior (Age 15-19)

4-Hers Telephone Number (_________): ___________________________

E-mail Address: ___________________________

We hereby certify that the above named youth is a 4-H member in good standing in a 4-H club in the State of New Mexico. We also certify that this 4-H member is currently enrolled in the 4-H Rodeo project.

4-H Leader: ___________________________ 4-H Extension Agent: ___________________________

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Original to State 4-H Office  Copy to County Extension Office  Copy to Member or Leader
NM STATE 4-H INCIDENT REPORT FORM

(Complete one on each person involved)

Please submit this form to the county 4-H office within seven (7) days of the incident. Also include any photographs, news clips, police reports, etc.

Name of 4-H sponsored event: ______________________

Date of event: __________________ Location: __________________ County: __________________

Club: __________________ Contact person(s): __________________

Phone: __________________ Address: __________________

Person involved: __________________

Last name: __________________ First name: __________________

Address: __________________

Phone: __________________ Sex: (circle one) Male Female Status of Event: __________________

Age: __________________ Type of incident: (circle one) Behavioral Accidental Illness Other (describe) __________________

Date of Incident: __________________ Time of Incident: __________________ a.m. or p.m.

Emergency reported to: __________________ by means of: __________________

Volunteer: __________________ Staff: __________________ in charge at time of incident: __________________

Parent or Guardian Notified: __________________ Date: __________________ Time: __________________

By Whom: __________________

Emergency Contact Notified: __________________ Contact Name: __________________

Phone: __________________ Date: __________________ Time: __________________ By Whom: __________________

Adult(s) on the scene: __________________

Adult(s) rendering aid: __________________

Witnesses: (at least two, more may be useful)

Name: __________________ Address: __________________

Where located at time of incident? __________________

Name: __________________ Address: __________________

Where located at time of incident? __________________

Description of Incident
(Use additional pages if necessary)

1. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time)? What had preceded in terms of type of activity?

2. Location (e.g., where did the incident occur in the workshop or activity space in relation to instructor/supervisor and other participants)? A diagram is frequently helpful.

3. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

4. What could or should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury.)

5. Action taken at time of incident:

6. Action taken as follow-up to incident:

FOLLOW-UP REQUIRED:

Person(s) completing all or part of report:

Signature, Title, Date: __________________

Signature, Title, Date: __________________

Person completing Follow-Up of Report: __________________

Signature, Title, Date: __________________

County 4-H Agent Signature and Date: __________________

Incident Follow-Up Final Report
(Should submit this form within 30 days after incident is considered closed.)

County: __________________

Date of report: __________________

Club: __________________ Club Leader: __________________

Address: __________________

Phone: __________________

Date of incident: __________________ Time: __________________

Location: __________________

Incident reported by: __________________

To 4-H office on: __________________

Method of reporting: __________________ Date: __________________

Witnesses incident report submitted on: __________________

Emergency contact person: __________________

Brief recap of incident: __________________

Follow-up information not previously reported:

Insurance settlement: __________________

Suggestions for procedures that might help others handle, avoid, or minimize such an experience: __________________

Signature of person completing form and title: __________________
OUR PRACTICES

- Liability Insurance
- Volunteer Requirements
- Sign In / Sign Out
- Adult Orientation
- Youth : Adult Ratios
  4-H Member 8:1
  Cloverbud 1:1
REAL LIFE SCENARIO

• Group Activity (4-5 individual)
  – Hiking
  – Home Sick
  – Housing Related Accident
  – Illness
PLAY IT “SAFE”
THINGS TO THINK ABOUT - CHECK LIST

• Sign In/ Out
• Ratios
• Examine things from a chaperones point of view (orientation).
• Can you find things easily?
• Storage/Supplies - Organize and label. Are they easy to get to?
• Wash it, Toss it, Sort it, Store It, Label it...
• Note to parents (ex. contagious Illness)
• Reminder: Safety, Participation, Personal Development, Learning and Fun are the highest priorities...