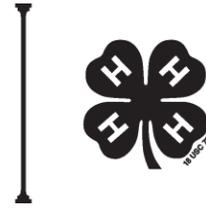




UNIVERSITY OF GEORGIA  
EXTENSION



### **Tattnall County Extension**

P.O. Box 580 | 200A South Main Street | Reidsville, GA 30453

Website: <http://www.caes.uga.edu/extension/tattnall/>

Email: [rbowen1@uga.edu](mailto:rbowen1@uga.edu) • Phone: (912) 557-6724

October 4, 2018

Dear Peanutrition Contest Participants,

Tattnall County 4-H is excited to celebrate National Peanut Month throughout the month of March! As part of this celebration, we are looking forward to the Tattnall County 4-H Peanutrition Contest. The contest will be held on March 11<sup>th</sup> from 4 p.m. to 5 p.m. at the Tattnall County Farm Bureau Meeting Room in Reidsville, Georgia (location changed due to a scheduling conflict)

In order to participate, 5th-6th grade 4-H'ers will need to create their own recipe for a peanut butter snack. The recipe can be for a sandwich, bagel, tortilla, trail mix, or other snack that includes at least two tablespoons of peanut butter. For the contest, the 4-H'er will need to bring their written recipe and all of the supplies they need to make their snack.

During the contest, 4-H'ers will be given table space and 20 minutes to prepare their snack for the judge. They will then have 10 minutes to clean up their preparation area and plate their snack to display for the judges. Snacks will be judged based on their visual appeal, creativity, and use of healthy ingredients. Each contestant will need to be prepared to tell the judges their name and school, their recipe name, their recipe ingredients, and how they developed their recipe. This should take no longer than 30 seconds and students can write this information on an index card to remind them what to say.

Youth will not be allowed to use a stove or any type of small appliance or sharp utensil. A plastic butter knife may be used for spreading. If you have foods that need to be chopped, please do this prior to the competition and bring them in a small container.

For food safety reasons, snacks will NOT be tasted by the judges. Prizes awarded will include t-shirts, certificates, and a cash grand prize of \$10. Please note that t-shirts were donated to us, so sizing may not be exact for your child. It might be a nice sleep shirt. Youth will be required to complete a 4-H Code of Conduct and Medical Release Form to compete. The required forms are attached. If you have additional questions or if for any reason you cannot compete, please call the Extension Office at (912) 557-6724. We have limited spaces, so there may be someone else wishing to take your place if you cannot attend.

Sincerely,

*Rebekah B. Greene*

Rebekah B. Greene

County Extension Agent

Tattnall County 4-H

[georgia4h.org](http://georgia4h.org)

# GEORGIA 4-H CODE OF CONDUCT

4-H'ers Name: _____	County _____	
Address: _____	Phone _____	
School: _____	Grade: _____	Year: _____

## BEHAVIOR STANDARDS

The Georgia 4-H Code of Conduct is valid for one year and applies to all activities coordinated through Georgia 4-H.

- 4-H'ers are expected to attend all sessions as part of a planned program exhibiting positive character and behavior including (but not limited to) trustworthiness, responsibility, respectfulness, caring, citizenship and fairness.
- 4-H'ers are expected to be responsive to the reasonable requests of leaders and respectful of the needs for their personal safety and the safety of others.
- 4-H'ers should dress appropriately, use appropriate language and respect the rights of others.
- 4-H'ers may not behave recklessly or in a manner which prohibits others from participating in the program in the manner intended.
- 4-H'ers may have access to technology at UGA/CES offices and facilities. Technology use is for educational purposes. 4-H'ers may not access inappropriate websites or materials.
- Realizing these guidelines are not "all inclusive" the University of Georgia Extension staff and volunteers reserve the right to make adjustments to these policies.

## CONSEQUENCES OF MISBEHAVIOR

4-H'ers and adults who observe a breach in the Code of Conduct must report the misbehavior to the appropriate leader. The leader will complete an incident report and determine the next steps regarding the incident.

*If 4-H'ers are found participating in actions listed below, law enforcement or other legal authorities may be notified and may lead the review and consequences related to the incident.* In these incidents, 4-H'ers may be removed from the event and suspended or expelled from future 4-H participation. These behaviors may include, but are not restricted to:

- Possession or use of illegal drugs
- Possession or use of a weapon
- Assault or harassment
- Inappropriate sexual behavior

*If the 4-H'er is found participating in the actions listed below, 4-H leaders may be notified and may lead the review and consequences related to the behavior.* 4-H'ers misbehaving will have the opportunity to explain their actions to leaders in charge of the activity and may request a review board. The person coordinating the event may also convene a review board for the purposes of determining what has occurred and what disciplinary action should be taken. A review board will consist of one Extension faculty or staff member, two volunteers and three 4-H members. The Extension faculty member coordinating the event will serve as chairperson. In some cases, incidents are deemed serious and may be referred to law enforcement or other legal authorities.

If the 4-H'er receives consequences from the leader or through the review process, his/her parents/guardians may be notified; the 4-H'er may be sent home at the parents' expense and may be suspended from participation in 4-H events. Suspensions may be up to one year. If a 4-H'er wishes to appeal the decision of the review board, the 4-H'er must appeal in writing through the County Extension office. Appeals must be filed within 10 days of notification of the disciplinary action. The appeal is sent to the Program Development Coordinator of the 4-H member and the State 4-H Leader for ruling by the State 4-H Leader. Following any disciplinary review, the person coordinating the activity will provide written notification to the appropriate parties including but not limited to the 4-H'er, his/her parent/guardian and his/her county Extension faculty member.

- Breaking curfew or disturbing the peace
- Unexcused absences from the activities or premise of an event
- Unauthorized use of vehicles during the event
- Reckless or inappropriate behavior
- Use of foul or offensive language
- Possession or use of alcohol or tobacco
- Breach of the 4-H Code of Ethics
- Remaining in the presence of those who are breaking the 4-H Code of Conduct
- Theft, misuse or abuse of public or personal property
- Possession of fireworks

## PARENT/GUARDIAN & 4-H'er AGREEMENTS Release Waiver of Liability and Covenant Not to Sue

I have read the Georgia 4-H Code of Conduct and agree to participate fully in all aspects of program activities. I understand the standard of behavior and agree to maintain such during 4-H programming.

4-H'ers Signature \_\_\_\_\_

Date \_\_\_\_\_

I have reviewed the Code of Conduct and agree to all of its provisions. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

VALID FOR ONE YEAR FROM DATE OF SIGNING



Revised 6/2016

**Georgia 4-H Medical Information & Release Form**  
*This form should be completed prior to each 4-H event.*



EVENT: \_\_\_\_\_ Date(s) of EVENT: \_\_\_\_\_

**4-H'ers Information**

Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Preferred Phone \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Text: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Medical Information**

*The following information is requested in case of accident or illness to better treat your child.  
The information is optional and not required for participation.*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Describe any recent illness or injury: \_\_\_\_\_

Describe any pre-existing conditions: \_\_\_\_\_

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT:**

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in 4-H with my knowledge and consent. I have read and understand all of the above policies. I hereby grant permission for my child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpose whatsoever without further permission from me. I understand I will not be compensated further for use of these recordings.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Over the Counter & Prescription Medication Summary



4-H'ers Name \_\_\_\_\_ County \_\_\_\_\_

Parent/guardian should list any over the counter medication that may be given to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

**Check Yes or No to indicate if you allow your child to receive the following medications while participating in 4-H programming.**

1. Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ® or Advil ®) at an age appropriate or weight appropriate dose for discomfort, pain, or fever  
 Yes  No \*\*\* Parent/Guardian will be contacted if student's fever is 100° F or higher.
2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose  
 Yes  No
3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose  
 Yes  No
4. Sore throat relief spray for sore throat  
 Yes  No
5. Cough Drops for coughing  
 Yes  No
6. Itch and rash relief cream/ointment for minor skin irritations  
 Yes  No
7. Lubricating eye drops for eye irritations  
 Yes  No
8. Oral pain relief gel for tooth/mouth discomfort  
 Yes  No
9. Triple antibiotic ointment for minor skin abrasions/wounds  
 Yes  No

**Please list any prescription or over the counter medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional.** Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form.

Medication	Condition being treated for

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**