



# Maryland 4-H Health Pledge

Until further notice, any person who wishes to participate in an in-person Maryland 4-H Activity must present a completed and signed Health Pledge. A completed Health Pledge is your "ticket" to an in-person 4-H Activity; you must fill it out at home and bring it with you to the 4-H Activity. Your Health Pledge will be reviewed and collected by an adult leader when you arrive. You will be asked to complete a new Health Pledge for every 4-H Activity you attend.

**Health Pledges for minors (under age 18) must be completed and signed by a parent or guardian.** Please answer the questions below and sign the form at the bottom of the page. Health Pledges should be completed the day of the 4-H Activity you plan to attend. You should take your temperature at home when completing this form, to verify you do not have a fever over 100.4°F.

**4-H Activity:** \_\_\_\_\_

**Activity Date:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Participant's Age:** \_\_\_\_\_

## HEALTH CERTIFICATION

Have you experienced any of the following symptoms in the past 48 hours?

☐ Yes ☐ No

- |  |  |
|--|--|
| • Fever over 100.4°F   | • Difficulty breathing   |
| • Sore Throat  | • Loss of taste or smell   |
| • Chills or feeling cold for no explainable reason             | • Muscle aches not caused by another health condition                              |
| • A new or worsening cough not due to another health condition | • Headache not normal for you, or not caused by another reason or health condition |

In the past 14 days, have you been exposed to someone who tested positive for COVID-19?

☐ Yes ☐ No

Is someone in your household currently quarantined because they were exposed to COVID-19?

☐ Yes ☐ No

**If you answered "Yes" to one of the questions above, you should not attend the 4-H Activity.  
Contact your health care provider if you are experiencing the symptoms described above.**

## ACKNOWLEDGEMENT AND AGREEMENT

I understand that when participating in this 4-H activity I will be required to follow rules and protocols designed to help keep everyone safe and well. These rules include wearing a mask or face covering, practicing physical distancing, washing or sanitizing my hands, and cleaning and disinfecting surfaces, equipment, and materials. I agree to follow all rules, procedures, and protocols as directed by the adult leader(s) of the 4-H activity, and understand that failure to do so may result in my/my child's dismissal from the activity.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature\***

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

***\*Must be signed by a parent/guardian if participant is under age 18***

