

Maryland 4-H Activity Attendance Record

Instructions: For youth participants, record the name of a parent/guardian and a phone number where they can be reached during the 4-H Activity. For adult participants, record the name and phone number of an individual you should contact in event of illness or emergency during the 4-H Activity. When the participant leaves the 4-H Activity, record the time of departure. The completed attendance record must be uploaded with the post-activity report within 48 hours of the activity's completion, and the original document must be turned in to the local 4-H program office.

Activity Name _____

Activity Date _____

Activity Leaders _____

Activity Location _____

By checking the Health Pledge column, you are affirming that you are responding "No" to the Health Certification Statements below:

- Have you experienced any of the following symptoms in the past 48 hours?
 + Fever over 100.4F + Sore throat +Chills or feeling cold for no explainable reason +A new or worsening cough not due to another health condition +Difficulty breathing
 + Headache not normal for you, or not caused by another reason or health condition +Loss of taste or smell +Muscle aches not cause by another health condition
- In the past 10 days, have you been exposed to someone who tested positive for COVID-19? **If yes**, you must be fully vaccinated (at least 14 days after full vaccination) with none of the symptoms described above.
- Is there someone in your household currently quarantined because they were exposed to COVID-19? **If yes**, you must be fully vaccinated (at least 14 days after full vaccination) with none of the symptoms described above.

Participant Name	Contact Name	Contact Phone #	Health Pledge	Arrival Time	Departure Time

Use additional copies of this form as necessary to record all Participants