

Participant's Name: _____ Birthdate/Age: _____ Sex: _____

Address: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Yes/No 1. Do you have any physical complaints or chronic illness at this time?
If yes, what: _____

Yes/No 2. Have you had injuries in the past (i.e. back, knee, shoulder, elbow, etc.)?
If yes, what: _____

Yes/No 3. Are you currently under the care of a physician or practitioner of any sort?
If yes, why: _____

Yes/No 4. Are you currently taking medicine of any type? All medications (prescription and over
the counter) must be in their original containers.
If yes, what and what dosage: _____

Yes/No 5. Are you on a special diet?
If yes, what kind: _____

Yes/No 6. Do you have or have you ever had:
a. Diabetes? If yes, are you taking insulin? _____ How much? _____

Yes/No b. Seizures? _____

Yes/No c. Asthma? If yes, do you use medication? _____

Yes/No d. Allergies? To what: _____

Yes/No 7. Are you allergic to bee stings? If yes, type of reaction: _____
(If allergic to bees please carry your medication with you, see below)

8. I give permission for trained individuals to administer the following medicines for myself, or the above
minor, in case of emergency or illness (check the ones you approve):

Tylenol Benadryl Epinephrine (for bee sting, severe allergic reaction only)

Yes/No 9. Any other medical information? _____

Name of Physician: _____ Location: _____

Insurer: _____ Group and ID Number: _____

Camp medical staff will review each health form, screen participants for communicable conditions, and receive all medications at check-in. Adults storing their own medications are responsible for a secure site.

I approve of emergency care for myself, or the above minor, under the direction of the event leaders or consulting doctor, if I am unable to make my wishes known. (Cross out the last statement if you do not wish to grant medical treatment consent.) I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will. I hereby release 4-H, its employees and volunteers from any and all liability with relationship to the above mentioned person's participation in 4-H activities. This release includes transportation to and from the site of the activities as well as the activities themselves.

signature parent/guardian of minor participant

Date