



BARNSTABLE COUNTY 4-H PROGRAM



UMass
Extension
CENTER FOR AGRICULTURE

2011/2012 Participant Health Form

This required form helps us to provide your child with the best possible care in the event of an accident, illness or other emergency. *It must be completed and signed by a parent or guardian.*

Name of Member Name of 4-H Club

Name of Custodial Parent(s)

Street Town State Zip

Home Phone Cell Phone

Email Address

Name of Child's Physician and Phone Number Name of Health Insurance Company and Policy Number (optional)

Emergency contact: in the event that a parent/guardian can't be reached, please call:

Name Phone Relationship to Child

Complete items 1-7, read statements A through E, and then sign and date this form.

1. List all serious allergies.

2. Any operations or serious illnesses within the last year or that we should be aware of?

3. Describe any complications from serious illnesses that we should be aware of.

4. List all current medications.

5. Are there any limitations or disabilities effecting participation in activities? _____ If yes, please describe.

6. Do you have any question or concerns about the health of this child? _____ If yes, please secure a complete health examination from a physician and provide a signed physician's statement permitting participation. Attach a copy of the health statement to this form.

7. Please provide any other information that a physician or 4-H staff may find helpful:

- A. I agree to provide 4-H with up-to-date information regarding my child/ward's medical situation, including pre-existing conditions, allergies, change in medicines or medical status so that in case of emergency which may affect the participant's regular participation in program activities, the appropriate medical assistance can be sought.
- B. I understand that the volunteer leader(s) and staff of 4-H agree to hold such medical information confidential and will release said health forms only to designated medical personnel in the event of an emergency, as authorized by my signature as parent or legal guardian below.
- C. I understand that 4-H may require a doctor's note if there is any question about the ability of the member to participate safely in 4-H activities.
- D. In the case of my child/ward's allergies or need for other necessary self-administered medical treatments, by signing this form, I agree to administer such medicines or treatments. I attest that my child/ward is able to administer all such medications him/herself or that I, as the parent or guardian, or my designated representative (18 years of age or older) listed here, will be on hand to administer such medications as the need arises during the course of any 4-H event or activity.

Designated representative: _____

Contact information: _____

- E. I have read the information contained herein, have provided the required information, and signed the permission and liability waiver. In case of emergency, I hereby give my consent for necessary examination and treatment as prescribed by an attending physician.

Signature of Parent/Guardian

Date