

Name of 4-H Member _____

Name of 4-H Activity _____ Date(s) _____

Parental Statement

My son/daughter/ward has my permission to attend this program. Should my son/daughter/ward require medical attention while attending this program, I hereby give my consent for physicians to provide necessary medical treatment and will pay for same. I consider my son/daughter/ward's health to be POOR___, FAIR___, GOOD___, EXCELLENT___. I am not aware of any physical, mental or communicable conditions that will interfere with participation in this program which have not already been discussed with the event Coordinator.

Furthermore, I have read and understand the statements my son/daughter/ward has agreed to above and support this agreement. I realize that I am personally responsible for my son/daughter/ward while he/she is attending this program. I understand and expect that should my son/daughter/ward break this agreement and the adult coordinators find it necessary to dismiss him/her from this program, that I am responsible for his/her transportation home.

Signature: _____ Date: _____

Print Name: _____

Relationship to participant:: circle one Parent Guardian Other _____

Telephone: day_(_____) _____ evening_(_____) _____

Mailing Address if different from participant's:

Participant Health Information

Family Physician _____ Telephone_(_____) _____

Insurance Company _____ Policy Number _____

Date of last Tetanus shot _____

PLEASE ANSWER THE FOLLOWING QUESTIONS: (explain all "yes" answers)

- Respiratory Problems(Asthma, blood spitting, persistent cough, abnormal chest X-ray, T.B., etc.)Y/N
- Heart Disease(High or low blood pressure, shortness of breath, murmurs, chest pain, Rheumatic Fever)Y/N
- Stomach or intestinal problems (Ulcers, jaundice, hernia, colitis, indigestion, etc)Y/N
- Kidney, Gall Bladder, or Liver DiseaseY/N
- Diabetes or Hypoglycemia (low Blood Sugar)Y/N
- Muscular/Skeletal Problems (Arthritis, hernia, recent fractures, etc.)Y/N
- Eye, ear, nose, or throat problems (hay fever, ear infection, impaired sight or hearing)Y/N
- Skin diseasesY/N
- dizziness, etc.)Y/N
- Emotional or mental disorders (Frequent anxiety, excessive fears, etc.)Y/N
- Surgical Operations, accident or injuries, which required hospitalization in the past 2 years.....Y/N
- Recent exposure to a Contagious Disease.....Y/N
- Allergies.....Y/N
- Are you currently under a doctor's care?Y/N
- Are you currently taking medication?.....Y/N
- Do you have any special dietary needs?.....Y/N
- Do you have any limiting physical conditions?.....Y/N

Explanations: