



Emergency & Medical / Health Information

Name _____ Birth date _____ Sex _____ Age _____
 Parent or Guardian _____ Email _____
 Mailing address _____
 Physical address _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Relatives or friends to act in my behalf, in case of emergency, if I cannot be reached:

| | |
|-------------------------------|-------------------------------|
| <i>Emergency Contact Name</i> | <i>Emergency Contact Name</i> |
| <i>Home Phone</i> | <i>Home Phone</i> |
| <i>Alternate Phone</i> | <i>Alternate Phone</i> |
| <i>Address</i> | <i>Address</i> |

Family Physician _____ Phone _____

Under doctor's care now? _____ If yes, please explain on back.

Prescribed medicine _____

(All meds must be turned in to chaperone or camp nurse.)

Note: If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

Allergies to medications/foods/insects/other? _____ List _____

Health History: Is youth subject to: Indicate **YES** or **NO**

| | | | |
|----------------------|-----------------------------------|--------------------------------|------------------------------|
| _____ Hernia | _____ Hay Fever | _____ Nervous Disorders | _____ Asthma |
| _____ Frequent Colds | _____ Fainting Spells | _____ Sleepwalking | _____ Ear/Sinus |
| _____ Allergies | _____ Insect Stings | _____ Drug Sensitivity | _____ Enuresis (bed wetting) |
| _____ Epilepsy | _____ Heart Trouble | _____ Diabetes (take insulin?) | |
| _____ Food Allergies | _____ Bleeding/clotting disorders | | |

If **YES** on any of the above, please explain _____

Has the youth had:

| | | |
|---------------------------|----------------------|-----------------------|
| _____ Poliomyelitis | _____ Hay Fever | _____ Rheumatic Fever |
| _____ Appendicitis Attack | _____ Measles | _____ Mumps |
| _____ Chicken Pox | _____ Whooping Cough | _____ Scarlet Fever |

Is the youth pregnant? _____ Date of Last Tetanus Booster: _____

Identify any physical/emotional problems that would prevent full participation in the program. _____

Emergency Authorization: I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

Signature of parent/guardian

Date

Leaders should keep a copy of this form to have available when they are with club members.