



## 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.