National 4-H Conference

Health & Medical Emergency Form

Complete and return this form to your state 4-H office or the adult advisor chaperoning the delegation to the conference. Chaperones should bring two copies of the form to the conference. One to keep with them and one to turn in at Conference registration.

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| --- | --- |
| Conference Year:State: Land Grant University: Participant’s Last Name:  | First Name: |
| Date of Birth:  |  |  |  |  | Gender: | [ ]  Male | [ ]  Female |
| Insurance Provider: |  | Insurance Policy #: |  |

**Current Health**

* Have you recently had, or do you have any of the following? (Check Yes or No)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | YES\* | NO |  |  | YES\* | NO |
| Asthma | [ ]  | [ ]  |  | Skin Disease | [ ]  | [ ]  |
| Tuberculosis | [ ]  | [ ]  |  | Heart or Cardiovascular Disease*(heart murmur, abnormal blood pressure, etc.)* | [ ]  | [ ]  |
| Allergies or Hayfever | [ ]  | [ ]  |  | Epilepsy (seizures) | [ ]  | [ ]  |
| Arthritis | [ ]  | [ ]  |  | Fainting | [ ]  | [ ]  |
| Diabetes | [ ]  | [ ]  |  | Emotional or Mental(anxiety, depression, paranoia, etc.) | [ ]  | [ ]  |
| Kidney or Bladder Disease | [ ]  | [ ]  |  | Impaired sight or hearing | [ ]  | [ ]  |
| Stomach or intestinal issues (ulcers, gall bladder, etc.) | [ ]  | [ ]  |  | Menstrual disorder | [ ]  | [ ]  |

\* If you answered "*yes"* to any of the above, please provide details in the space provided – to include diagnosis, date of illness, name of hospital, length of hospitalization, name of doctor, etc., as applicable.

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|  |

* Do you have allergic reactions to any of the following? (Check Yes or No)

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES\* | NO | EXPLAIN: |
| Medications (penicillin, sulfates, etc.) | [ ]  | [ ]  |  |
| Plants, Trees (poison ivy, oak, etc.) | [ ]  | [ ]  |  |
| Insect bites (bee stings, ants, etc.) | [ ]  | [ ]  |  |
| Food | [ ]  | [ ]  |  |
| Other: | [ ]  | [ ]  |  |

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| List any other special needs or concerns not already addressed: |

* Does the participant have a current TETANUS vaccination (*within the past 10 years*)? [ ]  YES [ ]  NO
* Has the participant had an INFLUENZA vaccination within the past 6-7 months? [ ]  YES [ ]  NO

Emergency Contact Information

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian #1** |  | **Parent/Guardian #2:** |
| Name: |  |  | Name: |  |
| Relationship: |  |  | Relationship: |  |
| Home Phone: |  |  | Home Phone: |  |
| Work Phone: |  |  | Work Phone: |  |
| Cell Phone: |  |  | Cell Phone: |  |

|  |
| --- |
| **Other Emergency Contact:** |
| Name: |  |
| Relationship: |  |
| Home Phone: |  |
| Cell Phone: |  |

Consent TO medical Treatment

The participant (named above) and/or the parents/legal guardians thereof, affirm that the participant can safely take part in the National 4-H Conference and that he/she has no contagious or communicable diseases. Also, he/she has had no major illnesses within 30 days prior to attending this event.

In case of emergency while participating in the National 4-H Conference, permission is given for appropriate medical personnel and/or licensed physicians to provide medical treatment. If necessary, given apparent medical condition, permission is given to transport the participant by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. This authority to act on behalf of the participant shall not be effected as a medical proxy, and I/we understand the National 4-H Conference will attempt to contact the designated emergency contact and/or parents/legal guardian before authorizing such medical treatment. Further, it is understood that the participant and/or the parent/legal guardian will assume all financial obligations that may be incurred and not covered by the participant’s health insurance.

I have carefully read this document, understand its contents and am fully informedabout theactivities/events scheduled as part of the National 4-H Conference that may involve certain risks associated with physical activity or potential harm, including but not limited to recreational games/activities and travel by motor vehicle to off-site educational and leisure activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Participant’s Name *(print)* |  | Participant’s Signature  |  | Date |
|  |  |  |  |  |
| Parent/Guardian’s Name *(print)* |  | Parent/Guardian’s Signature |  | Date |

*Youth (under age 18)* ***must*** *have signature of parent/guardian.*