

Alabama 4-H Summer Camp Youth Health History Form

892 4-H Road, Columbiana, AL 35051
Tel (205) 669-4241, Fax (205) 669-1364

All items on this form must be completely filled out including parent and camper signatures and be returned with a copy of the camper's immunization record.

Camper's Name _____
Last
First
Middle Initial

Birth Date ____/____/____ Age ____ Female Male **T-Shirt Size** Youth Small Youth Medium Youth Large
Month / Day / Year
Adult Small Adult Medium Adult Large
Adult XL Adult XXL

(Please check appropriate box) Summer Camp Session Number [1] [2] [3] [4] [5] [6]

Home Address _____
Street
City
State
Zip

Home Phone _____

Parent/Guardian Work Phone _____

Family E-mail _____ Cell Phone _____

EMERGENCY CONTACT

Primary Emergency Contact _____ (Relationship) _____

Phone Numbers _____

Alternate Emergency Contact _____ (Relationship) _____

Phone Numbers _____

HEALTH HISTORY

Does the youth have – or has ever had -- any of the following? Check **Yes** or **No** to each item.
 Reporting a health condition will not prevent a person from attending 4-H Center activities and information is strictly confidential.

Health Condition	Yes	No	Health Condition	Yes	No
Asthma/other lung issues	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes/Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>	Wear Corrective Lenses	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>
List any allergies (food, environmental, medications) below:			Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>

Please explain **Yes** answers and provide information on **present medications** (including herbals, homeopathic & over the counter), recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

I am giving the 4H Center permission to administer these OTC (over-the-counter) medications that I am providing. I understand that the 4H Center and its staff does **NOT** stock and /or provide these OTC medications. As a parent/guardian, I will provide the required medications for the duration of my child's stay at camp as outlined in the Parent Packet (Over the Counter Medications Procedures).

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Antihistamine (Benadryl) | <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Baby Aspirin |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Hydrocortisone |
| <input type="checkbox"/> Polysporin (antibiotic cream) | <input type="checkbox"/> Please contact me for permission to administer any over-the-counter medications. | | |

IMMUNIZATION HISTORY

****Attach a copy of immunization record (blue form) including most recent tetanus shot. These MUST accompany the health forms****

INSURANCE INFORMATION

Youth's Doctor _____
Phone _____
Health Insurance Co. _____ Policy # _____
Name of Insured _____ Relationship to Participant _____
Parent/Guardian Signature _____ Date _____

PERMISSION TO TREAT / TRANSPORT

I, _____ (parent/guardian) hereby give permission to the Alabama 4H Center and its staff to treat my child for injuries as needed. I understand that Alabama 4H Program Staff is certified as a minimum, in First Aid and CPR. I also understand there is a full time nurse on site. In the unlikely event of an emergency, I give permission to Alabama 4H, its staff and the nurse on site to transport my child to a medical facility if necessary (hospital, clinic, etc.) Furthermore I give permission to the nurse on site to dispense/administer medications brought to camp by parent/guardian for my child, or prescribed by a physician while attending camp.
[If, for religious reasons, you cannot sign this section, please contact 4-H personnel]

Camper Name _____ Date _____

Parent/Guardian Signature _____ Date _____

LIABILITY RELEASE

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H Center, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

Camper Name _____ Date _____

Parent/Guardian Signature _____ Date _____