

CRSS Youth Health History & Release From Liability 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 and a copy of the child's immunization record (blue form) must be attached. If not, the child will not be able to participate in 4-H activities. PLEASE PRINT LEGIBLY.

Camper's Name _____
Last
First
Middle Initial

Birth Date ____/____/____ Age ____ Female Male
Month / Day / Year

Name of School _____

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 child from participating in activities. Information is used for emergency situations only and 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)			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.

These over-the-counter medications or generic equivalents may be administered to my child without contacting me:

- | | | | |
|--|--|---------------------------------------|---|
| <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 staff are certified as in First Aid and CPR. I also understand the school will be providing someone to be responsible for medical situations. In the unlikely event of an emergency, I give permission to: Alabama 4H, its staff, and the School's designated medical person to transport my child to a medical facility if necessary (hospital, clinic, etc.)

Furthermore, I give permission to the School Teacher(s) and/or the School's designated medical person to dispense/administer medications brought to camp 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 (please print clearly) _____ Date _____

Parent/Guardian Signature _____ Date _____
