

Alabama 4-H Coosa River Science School 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 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.

If the School system allows, and their requirements have been met, I give permission to the school's teacher(s) and/or staff to administer these over-the-counter medications or generic equivalents 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. | | |
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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) understand that Alabama 4-H Center staff do not stock, or administer, over the counter (OTC) medication. I also understand that in cases of injury and/or emergency, Alabama 4-H Center staff will respond within the scope of their training, and I hereby give permission to the Alabama 4H Center and its staff to treat my child for injuries if needed. I also understand the school will also provide 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, within the scope and policies of the school.

[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 _____

Alabama 4-H Coosa River Science School Youth & Parent Consent Form

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Publicity Release

- I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H
- No, I do not authorize use of my – or my child's – individual image or voice.

Alabama 4-H Youth Code of Conduct

- I will attend all sessions of planned programs and will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I recognize that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms except in rare cases when directly supervised by adult chaperones.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will dress appropriately, use appropriate language, and value the rights of others.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor abuse public or private property.
- When I have access to computers at ACES facilities, I will use the computer for educational purposes and will not access inappropriate web sites.
- I recognize that these guidelines are not "all inclusive" and that the Alabama Cooperative Extension System may make adjustments to these policies.

CAMPER: *I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).*

Camper Signature _____ **Date** _____

Survey & Evaluation Release

- I hereby give permission *for my child* (under 19 years of age) and give consent *for myself*, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on me or my child's eligibility to participate in the 4-H program. I understand that I or my child may be asked for consent before completing a survey or an evaluation.
- No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

I have read and understand the Publicity Release, Alabama 4-H Youth Code of Conduct and Survey & Evaluation Release.

Camper Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____