4-H MEDICAL INFORMATION AND INFORMED CONSENT FOR TREATMENT FOR NC 4-H SPONSORED EVENTS

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc.: ________________________________________________________________

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: ________________________________________________________________

List special dietary needs: ________________________________________________________________

Medications currently being taken (name of medication, dose, and frequency): ________________________________________________________________

Family Physician: Name ___________________________ Phone # (____) ___________________________

Address ________________________________________________________________

II. Insurance Information

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company ____________________________________________ Health Insurance Policy # ____________________________

Company Address ____________________________ Phone Company Telephone ____________________________

Number (____) ____________________________

III.

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact _______ [name, office] at _______ [phone number/TTY] during business hours of 8 a.m. and 5 p.m. to discuss accommodations at least _______ [hours/days] prior to the activity.

Signatures Acknowledging Parts I, II, and III

Parent's/Guardian's signature ____________________________ Date: ____________________________

Participant's Signature: ____________________________ Date: ____________________________

Parent/Guardian telephone #: Home ____________________________ Work ____________________________

Must be completed each year by 4-H'er and Parent/Guardian. If health history changes within that year, it is the 4-H'er & Parent/Guardian's responsibility for updating information.