

_____ Health screening performed
_____ Follow-up referred to: _____ Dietary _____ Camp Director _____ Dorm Staff

Signature _____ Date _____

Check one: _____ Youth _____ Adult County _____ Camp _____

The proposed activity provided by the Texas 4-H Conference Center, requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other disease. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Section I. Participant Information

Name _____ Date of Birth _____ Age _____ Gender _____
Address _____ Name of Physician _____
City, State, Zip _____ Physician's Phone _____
Home Phone _____ Date of last physical exam _____

Section II. In the event of an Emergency, please contact:

Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cell Phone _____

Section III. Health History (Check the appropriate answer and explain any YES responses.)

Have you had or do you currently have any heart problems (dates): _____ YES ___ NO ___
Do you frequently suffer from pains in your chest: _____ YES ___ NO ___
(NOTE: If you have any heart related problems you will need to have a physician's release.)
Do you often feel faint or have spells of severe dizziness: _____ YES ___ NO ___
Has a doctor ever told you that you might have high blood pressure: _____ YES ___ NO ___
Are you a smoker: _____ YES ___ NO ___
Do you have arthritis, joint, or back problems that can be aggravated by exercise: _____ YES ___ NO ___
Have you had any operations or serious injuries (dates): _____ YES ___ NO ___
Do you have any chronic recurring illness or communicable diseases: _____ YES ___ NO ___
Are there any activities to be limited/discouraged by a physician's advice: _____ YES ___ NO ___
Are you allergic to any medications, food or food ingredients, insects, or pollens: _____ YES ___ NO ___
Do you have Epilepsy: _____ YES ___ NO ___
Do you have Diabetes: _____ YES ___ NO ___
Do you have any prescribed meal plan or dietary restrictions (please describe) _____ YES ___ NO ___
Are all immunizations up-to-date: _____ YES ___ NO ___
Date of last Tetanus shot (required) _____
Any other health related information for Center personnel to be aware of: _____

PLEASE NOTE: ALL medications must be in ORIGINAL container with ORIGINAL LABEL.

Section IV: Medications (ALL medications must be in ORIGINAL container with ORIGINAL LABEL.)

Are there prescribed medications currently being taken (please describe) _____ YES ___ NO ___

Please check "over the counter" medications which camp personnel may administer as necessary:
_____ Immodium _____ Pepto Bismol _____ Ibuprofen (Motrin) _____ Acetaminophen (Tylenol)
_____ Neosporin _____ Benadryl _____ Robitussin DM or CF _____ Any as needed

Signature of Participant: _____ Date: _____
(Or guardian if participant is under the age of 18)

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

The following information is used upon departure of the said minor child from overnight activities held at the 4-H Conference Center. This does NOT apply to school groups that participate in day activities ONLY.

I/We do hereby authorize the Texas 4-H Conference Center to release said minor child to the following person/people at the conclusion of the activity: (please list all persons, including parents):

I/We require that said minor child **NOT be released to the following person/people at the conclusion of the activity:**

Signature of Parent or Guardian

Date