CONFIDENTIAL

UNIVERSITY OF ILLINOIS EXTENSION 4-H PROGRAM
YOUTH EMERGENCY MEDICAL INFORMATION

EVENT: _____

PARTICIPANT'S NAME: _____

Address: _____
Street City State/Zip Code

Age: _____ Sex: _____ Date of Birth: _____/_____/_____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS:

Name: _____
Relationship

Home Phone: _(_____)_____-_____ Work Phone: _(_____)_____-_____

Cell Phone: _(_____)_____-_____

Address: _____
Street City State/Zip Code

Name: _____
Relationship

Home Phone: _(_____)_____-_____ Work Phone: _(_____)_____-_____

Cell Phone: _(_____)_____-_____

Address: _____
Street City State/Zip Code

HEALTH INFORMATION STATEMENT

Check below any information you feel staff and/or volunteers may need, to maximize the safety and the well being of the exhibitor or staff member. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate, important information.

[ ] Nervous or Mental (epilepsy, emotional stress, convulsions) _____
_____

[ ] Lung Disease (asthma, persistent cough, tuberculosis) _____
_____

[ ] Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure_____
_____

[ ] Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____
_____

[ ] Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)
_____

[ ] Arthritis, Diabetes, Kidney or Bladder Disease _____
_____

[ ] Hay Fever or Allergies _____
_____

[ ] Allergy to Medicines (including penicillin, tetanus) _____

[ ] Impaired Sight or Hearing, Chronic Ear Infections_____

[ ] Recent Surgical Operation, Accidents or Injuries_____

[ ] Any Infectious Disease_____

[ ] Skin Disease_____

[ ] Allergy to Foods_____

[ ] Currently taking Medicines (list names & doses) _____

[ ] Medication that needs refrigeration _____

[ ] Under on-going care of a Physician (NAME & PHONE #) for chronic or recurring problem

_____

[ ] Do you wear glasses? YES[ ] NO [ ] SOMETIMES[ ]
[ ] Do you wear contact lenses? YES [ ] NO[ ] SOMETIMES [ ]
[ ] Date of last TETANUS BOOSTER_____
[ ] Date of last FLU SHOT _____
[ ] Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury)

_____

Primary Care Physician: _____

Clinic/Hospital Affiliation: _____

City: _____State: _____Phone: _(____)_____-_____

Health Insurance Provider: _____

Owner's Name: _____ ID/Policy Number: _____

Medical Privacy Statement: *It is the policy of University of Illinois Extension 4-H Youth Development Programs to keep any medical information it may have regarding 4-H Youth Development program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to Extension staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the University, Extension, or 4-H, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician.

I also understand that any accident insurance in effect (IF PROVIDED) for the event does not cover pre-existing conditions or self-inflicted injuries.

SIGNED:_____ **DATE**:_____
Parent or Guardian

Revised 7/03

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Extending Knowledge Changing Lives