

**HEALTH FORM  
(Youth)**

**Attach current photo here.  
Photo will not be returned.**

**Area VI Junior Leader Event- The Game of Life**

Event/Activity/Trip

County \_\_\_\_\_

Dorm and/or Room Number \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Day Phone Number

Evening Phone Number \_\_\_\_\_

Youth Cell Number (if applicable) \_\_\_\_\_

List any activities the participant should avoid (i.e., swimming):

Physical Record of Participant

Heart Condition

Yes

No

Diabetes

\_\_\_\_\_

\_\_\_\_\_

Ear Infections

\_\_\_\_\_

\_\_\_\_\_

Bedwetting

\_\_\_\_\_

\_\_\_\_\_

Allergy to any medication

\_\_\_\_\_

\_\_\_\_\_

List medicines allergic to: \_\_\_\_\_

Food allergy or dietary restrictions

\_\_\_\_\_

\_\_\_\_\_

List allergies/restrictions \_\_\_\_\_

Other allergies (i.e., dust, pollen, animals)

\_\_\_\_\_

\_\_\_\_\_

List other allergies \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please list any current medication being taken on reverse side of this form.**

Any other medical record information that would be beneficial during the program or in an emergency:

**PARENTAL AUTHORIZATION**

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize Purdue University Cooperative Extension Service employees and their authorized agents to arrange for all reasonably necessary medical care, including transportation and hospitalization, for my child while in attendance at and participating in 4-H Youth Development events and activities.

I also understand that, as a result of my child's participation in this program, it will be necessary for Purdue CES employees and other authorized personnel with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness to Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home

(\_\_\_\_\_) \_\_\_\_\_

Work

**Both above signatures required for acceptance to participate**

In case we cannot reach you, please list the name and phone number of a second party to contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Home

(\_\_\_\_\_) \_\_\_\_\_

Work

**Please complete the addendum on reverse side**

## ADDENDUM TO THE 4-H YOUTH HEALTH FORM

Complete this form if **prescription medications** are being taken by the student at the time of the event or if **over-the-counter medication** is to be administered by an Extension staff member or other authorized personnel.  
**Medications must be carried in their original containers.**

County: \_\_\_\_\_

4-H member's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

What Illness/Condition is this medication intended for: \_\_\_\_\_

Check all of the following that apply:

\_\_\_\_\_ Tylenol/Ibuprofen may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Benadryl may be administered by 4-H Youth Development event personnel

\_\_\_\_\_ Medication is to be self administered by student

\_\_\_\_\_ Medication is to be administered by 4-H Youth Development event personnel

Dosage: \_\_\_\_\_ Refrigeration? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Other information (if applicable): \_\_\_\_\_

Date(s) to Administer: From \_\_\_\_\_ To \_\_\_\_\_

Prescribing Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Note: This form is to be used as a reference for 4-H participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.**

Event: \_\_\_\_\_ Date (s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date