



University of Vermont Extension



### Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): \_\_\_\_\_

Parent/Guardian Name if Member is under 19: \_\_\_\_\_

Check the diseases or vaccinations the member has had:

- Measles
- Mumps
- German Measles
- Chicken Pox
- Whooping Cough

Does the member wear:

- Glasses
- Contacts

Check if member has difficulty with any of the following issues:

- Homesickness
- Fear of water
- Fear of the dark
- Sleep talking
- Bed wetting
- Menstrual cramps
- Sleep walking
- Other(explain  
\_\_\_\_\_  
\_\_\_\_\_)

Does the member take any prescribed medication:

- Yes
- No

If yes, will the medication be taken at the event?

- Yes
- No

If yes, ask your Extension office for a 4-H Health Statement on Medication or Pre-existing Injury form.

Does the member have any known allergies or sensitivities?

- Yes \_\_\_\_\_
- No \_\_\_\_\_

**In case of emergency:** Family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Insurance Name/Policy # \_\_\_\_\_

I hereby give permission to the group leader(s) to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that the University of Vermont shall not be liable for expenses associated with any medical treatment for injuries my child may sustain by virtue of his/her participation in the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

If you cannot be reached, we should contact: \_\_\_\_\_ Phone \_\_\_\_\_

Indicate any activities in which you do not want your child to participate \_\_\_\_\_