

4-H Camp Ohio Participant/Member Health History

This form must be completed for each participant. Minors must have the form completed and signed by parents/guardians. This information will be kept confidential and used only for the welfare of the participant.

Date _____ County _____

Please Circle: Male / Female Age _____ Date of Birth _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone (Home) _____ Guardian's Work Phone _____

In case of Emergency Contact:

Parent Name _____ Phone _____

Cell Phone _____ Pager _____

Other Person _____ Phone _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

INSTRUCTIONS FOR MEDICATIONS

1. All prescription drugs MUST be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Others will not be accepted.
2. If you need over-the-counter medications not listed below, they must be in the original container and must be stored under lock and key by the nurse/health director.

CHECK MEDICATIONS BELOW THAT PARTICIPANT MAY RECEIVE IF NECESSARY:

Acetaminophen _____ Benadryl _____ Caladryl _____ Calamine _____ Chloraseptic _____
Claritin _____ Epi-Pen _____ Ibuprofen _____ Immodium _____ Insect Repellent _____
Maalox _____ Milk of Magnesia _____ Neosporin Ointment _____ Robitussin DM _____
Silvadene Cream _____ Sudafed _____ Sunscreen _____

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO:

Chicken Pox _____ Tuberculosis _____ Measles _____ Mumps _____

Whooping Cough _____ Scarlet Fever _____ Date of Last Menstrual Period _____

Operations or Serious injuries requiring medical treatment (specify) _____

CHECK BELOW IF PARTICIPANT IS SUBJECT TO:

Headaches _____ Fainting _____ Heart Trouble _____ Frequent Colds _____ Constipation _____
Convulsions _____ Frequent Sore Throats _____ Kidney Trouble _____ Athlete's Foot _____ Sinusitis _____
Sleep Walking _____ Ear Infections _____ Epileptic Seizures _____ Home Sickness _____ Bronchitis _____
Cramps _____ Asthma Controlled (Yes/No) _____ Other (please specify) _____

(Please See Other Side)

CHECK IF PARTICIPANT IS ALLERGIC TO:

Foods (specify) _____

Medication: Prescription or non-prescription drugs (specify) _____

Serious Ivy, Oak or Sumac Poisoning _____

Bee or Insect Stings _____ Prescribed Treatment _____

LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (contact lenses, braces, diabetes, panic/anxiety disorder, eating disorder, physical or any other special needs that require medication, treatment, or special restrictions or considerations in participation).

Conditions: _____

Medications: _____

Specify Any Restrictions in Activities: _____

IMMUNIZATION RECORD

Please record the date (month & year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	
Pertussis (whooping cough) (DPT)	2	1
Tetanus or	3	2
Tetanus (TD)		
Diphtheria		
Tetanus		
Oral Polio (Sabin) (TOPV)		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Hemophilus influenza b (HIB)		
Hepatitis		

PARENT/GUARDIAN MEDICAL RELEASE

_____ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand the 4-H staff and volunteers, Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature _____

Date _____

PHOTO/VIDEO RELEASE

I give permission to The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio to use photographs, voice and video images of the participant named above and photographs, voice and video images of any activities in which the participant is involved in any and all public awareness programs of The Ohio State University, OSU Extension, the Ohio 4-H program and 4-H Camp Ohio.

Signature _____

Date _____

All educational programs and activities conducted by Ohio State University Extension are available to all potential clientele on a nondiscriminatory basis without regards to race, color, creed, religion, sexual orientation, national origin, sex, age, handicap, or Vietnam-era veteran status.