

HEALTH/INSURANCE FORM FOR 4-H TRIPS
(to be filled out by parent/guardian)

Name _____ Birth Date _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____

Business _____ Phone _____

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____

Business _____ Phone _____

If not available in an emergency, notify: Name _____

Home Address _____ Phone _____

Business _____ Phone _____

Please indicate (on the back) any physical or emotional problem that may require special attention (epilepsy, allergies, asthma, handicap, fainting spells, convulsions or seizures, etc.)

MEDICATIONS: Please note: All medications (prescription and non-prescription) must be given to the chaperon/host family in the original container with directions from the physician.

| Medication | Instruction for use | Reason for use |
|------------|---------------------|----------------|
| | | |
| | | |

What was the date of the last tetanus booster given? _____

Family physician and phone number _____

Name of Health Insurance Company _____ Policy # _____

IMPORTANT – This box must be completed.

Authorization for treatment: I hereby give permission to the medical personnel selected by the Trip Coordinator to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Trip Coordinator to secure and administer treatment, including hospitalization, for my child an named above.

Signature of parent/guardian _____ Date _____

WITNESS: _____ Date _____

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL