

# NC 4-H Youth Development Health History & Authorization Form



**NC STATE**  
EXTENSION

**4-H Group / County:** \_\_\_\_\_

**Year:** \_\_\_\_\_ (Must be updated each year)

4-H'ers Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Jan. 1 \_\_\_\_ Gender:  Female  Male Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Custodial Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian or Emergency Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If not available in an emergency, notify (Name): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Health History

The following information should be filled in by the parent/guardian, or adult. Update required annually. For residential camp attendance, health exam must be completed by an approved licensed medical personnel within 24 months of participation in the camp. The intent of this information is to provide NC 4-H health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to NC 4-H. Provide complete information so that the NC 4-H can be aware of your needs.

## MEDICATIONS

Please list **ALL** medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medications as follows:

Med#1 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_

Med#2 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_

Med#3 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_

Med#4 \_\_\_\_\_ Reason \_\_\_\_\_ Dosage \_\_\_\_\_ Time taken \_\_\_\_\_

This person may take the following medications as needed:

Aspirin     Tylenol     Ibuprofen     Benadryl     Pepto-Bismol     Other \_\_\_\_\_

Known allergies to foods, drugs, insect stings or bites, etc: \_\_\_\_\_

**Restrictions -** The following restrictions apply to this individual:

### Dietary

Vegetarian

Vegan

Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary): \_\_\_\_\_

## General Questions (Explain "yes" answers.)

Has/does the participant:

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 13. Ever had high blood pressure?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?        | <input type="checkbox"/> | <input type="checkbox"/> | 14. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?                               | <input type="checkbox"/> | <input type="checkbox"/> | 15. Ever had back problems?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had joint problems?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?                              | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have any skin problems?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?                               | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have diabetes?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?                        | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have asthma?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?        | <input type="checkbox"/> | <input type="checkbox"/> | 20. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?                     | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have problems sleepwalking?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever been dizzy/passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have a history of bed wetting?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever had seizures                                    | <input type="checkbox"/> | <input type="checkbox"/> | 23. Ever had an eating disorder?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had chest pain during or after exercise?        | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |



## Authorization Form

**Custody Release:** You may be asked to produce photo ID at check-out. This is for your child's safety. Please be aware of this policy before picking up your child. I hereby give permission for my child, \_\_\_\_\_, to be allowed to leave the 4-H program after the activity. My child will be released into the custody of:

\_\_\_\_\_  
(Names of Individuals authorized to pick up your child)

If it is necessary for my child to leave before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of:

\_\_\_\_\_  
(Emergency contact or other individual authorized to pick up your child)

**For 4-H Use Only:** 4-H'er picked up by: \_\_\_\_\_ Staff Signature \_\_\_\_\_

Parent/Guardian Authorization: This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted.

I hereby give permission to the NC 4-H to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to NC 4-H to arrange necessary related transportation for me/my child.

The person herein described has permission to engage in all 4-H activities except as noted here: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NC 4-H to secure and administer treatment including hospitalization, for the person named above. This completed form may be photocopied for trips out of county.

Signature of parent/guardian, or adult camper/staffer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants Only**

I examined this individual on \_\_\_\_\_ BP \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_

In my opinion, the above applicant  is  is not able to participate in an active camp program.

Restrictions/Recommendations: \_\_\_\_\_

Treatment to be continued at camp or medications to be administered at camp (name, dosage, frequency)

Additional information for health care staff at camp: \_\_\_\_\_

**Signature of Licensed Medical Personnel:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*Street City State Zip Code*

Please give dates of immunizations for:  
(Immunization records may be attached to this form)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Ry
DTP				
TD (tetanus/diphtheria)				
Tetanus				
Polio				
MMR				
Or Measles				
Or Mumps				
Or Rubella				
Haemophilus influenzae				
Hepatitis B				
Varicella (chicken pox)				

<b>Screening Record: For camp use only</b>	Date _____ Time _____
Meds received _____	
Updates/additions to Health History _____	
Current Health needs identified _____	
Screened by _____	



# 4-H Enrollment Form

Name of 4-H Group/Unit: \_\_\_\_\_ Year: \_\_\_\_\_

Member Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

Gender\*:  Male  Female Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

If re-enrolling in 4-H, how many years have you been in 4-H: \_\_\_\_\_

Do you live\*:  Farm  City over 50,000 people  
(Choose only one)  Town under 10,000 people or rural non-farm  Suburbs of city over 50,000 people  
 City 10,000-50,000 people  Military installation: \_\_\_\_\_

Do you have parent/guardian(s) active in the military? Yes \_\_\_ No \_\_\_

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group\*: A. Choose One:  Hispanic or Latino  Non-Hispanic or Latino

B. Choose all that apply:

- White or Caucasian  Asian
- Black or African-American  Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native  Other \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

**1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.**

\_\_\_\_\_ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.

\_\_\_\_\_ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: \_\_\_\_\_.

*\*This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

<b>For office use only</b>
4-H Membership # _____
Date entered: _____

**LIABILITY WAIVER, ASSUMPTION OF THE RISK,  
PHOTO & MEDIA RELEASE, AND  
INDEMNIFICATION AGREEMENT**

In consideration for being allowed by NC State and its NC Cooperative Extension Service (“NC State”) to participate and use the facilities, services, and/or programs of the \_\_\_\_\_ Camp (hereinafter “Camp”) the undersigned custodial parent/guardian hereby agrees as follows:

I do hereby affirm and acknowledge that my child is participating in the Camp for his/her own personal benefit, and have been fully informed of the inherent and potential hazards and risks to them associated with participation in sports, recreational, outdoor activities and any physical exertion required therein. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that that no amount of care, caution, instruction or expertise can eliminate. These hazards and risks include, but are not limited to, loss or damage of personal property, mental or emotional distress, broken bones, strains, sprains, bruises, heart attacks, heat exhaustion, concussions, and other personal injuries, or even death, that could result from falling from heights, tripping due to uneven terrain, contact with other individuals, drowning, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, equipment failure, hypothermia, and vehicle accidents while traveling to and from the activity site. I assume responsibility for all risks, known and unknown, involved to my child and their property in the aforementioned activities, and I voluntarily authorize my child’s participation in reliance upon my own judgment and knowledge of my child’s experience and capabilities.

I understand that the determination of my child’s ability to participate in the Camp should be made by my child’s physician if necessary. I understand that I need the approval of a physician if I am uncertain as to his/her physical fitness for the rigors of this Camp. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my child’s condition before being allowed to participate in the Camp. In addition, I give permission to any doctor, hospital, or other medical facility to release confidentially to the treating physician(s) for my child any information they may have concerning his/her medical condition and their professional contact with him/her for treatment purposes. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as deemed necessary for my child. A photocopy of this permission is to be considered valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I shall indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney’s fees, arising from or proximately caused by my child’s participation in this Camp, including any travel. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I have read the Camp’s rules and regulations and hereby accept the regulations of the Camp described therein. I understand that the Camp has the authority to establish and enforce other regulations in addition to these.

I do hereby agree to allow my child to be photographed, audio or videotaped by NC State. I further agree that my child's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child. I hereby waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with them now or in the future. I am expressly releasing NC State, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check only if: I do not agree to photo/media use for any public release by NC State

I further agree that this agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. The terms of this agreement are severable such that if one or more provisions are declared illegal, void or unenforceable, the remainder of the provisions shall continue to be valid, enforceable, and binding upon the parties.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND  
I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name of Child: \_\_\_\_\_