Health Form – Kit Carson County 4-H

Legal Name: _____ **Birthdate:** _____

Home Address: _____ **Phone:** _____
Street

_____
City State Zip

Parent(s)' or Guardian(s)' Name: _____

Home address (if different from child's) _____
street city state zip

Phone(s): _____**or**_____ **Cell Phone(s):** _____**or**_____

Place of Employment: _____ **Phone:** _____

If neither parent or guardian can be located, in case of emergency call:

Name: _____ **Phone:** _____

Persons designated to take child from event: _____
(include name, address and phone if not listed above)

Persons not permitted to take child from event: _____

List communicable diseases and past history of serious lacerations, injuries and illnesses: _____

_____

List any known allergies (including food) and drug reactions: _____

_____

List any prescriptive or non-prescriptive medications which youth must take:
(Prescription medicine must be in original container from pharmacy with original label including name of prescribing doctor, medication name, dosage, and contact information of doctor and pharmacy.)

Name of Medication	*Dosage*	*Frequency*	*Prescribing Physician*

Describe any special diet youth must follow:

Description of diet	*Prescribing Physician*

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Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions: _____

_____

_____

Parent's or Guardian's Signature: _____ **Date**: _____

Authorization for medical care:

I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy # _____

Subscriber Name and Address: _____

_____

Parent's or Guardian's Signature: _____ Date: _____

KIT CARSON COUNTY

COLORADO STATE UNIVERSITY

EXTENSION

Updated March 2023