

PERSONAL HEALTH AND MEDICAL RECORD (Waiver of Medical Care)

MEDICAL INFORMATION *(Check all that apply)*

- Allergy to food, plants or insect stings. Explain _____
- Any condition that may require special care, diet or restriction of activities. Explain _____

- Asthma Convulsions Diabetes Fainting Spells Heart Trouble Nose Bleeds

Does this child wear : Contact Lens Dentures Other

Explain _____

Are you aware of any current health problems: Yes No

If yes, explain _____

Has your child ever had any of these diseases or injuries?

	No	Yes	Year		No	Yes	Year
Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chest, Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joint, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Give details on injuries or diseases listed: _____

WAIVER OF MEDICAL CARE

I understand that the event does not provide sickness or accident insurance for campers. and that medical attention would be provided in case of emergency. For religious reasons, I/we **DO NOT** want _____ (4-H'er's name) to be included in this part of the camp program.

DO NOT TAKE THIS CHILD TO SEE A MEDICAL DOCTOR

In case of accident or illness you are to (Please give complete instructions for camp administration to follow. Instructions should include both major emergencies and everyday cuts and bruises, first aid, etc.):

Signed _____ Date _____
Parent/Guardian Signature *Month, Day, Year*

HEALTH AND SAFETY INVESTIGATIONS

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of emergency, when there is danger to person, property or the building, no authorization is required.

4-H Member's Signature

Parent/Guardian Signature

Date

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
 University of Tennessee Institute of Agriculture and county governments cooperating.
 UT Extension provides equal opportunities in programs and employment.

Revised 02/14