

This information is read only by a health official and only if there is a possibility of treatment.

Child's Name _____ Birth Date MM/DD/YYYY ____/____/____

In Case of Emergency, notify: _____

Address _____ Manhattan KS 6650 ____

Home Phone (785) _____ Work Phone (785) _____

Cell Phone () _____ Relationship to Student _____

Alternate Emergency Contact (incl. phone) _____

Name of Family Doctor _____ Doctor's Phone _____

Is your child covered by medical-surgical-hospital insurance? Yes No Name of Insurance Co. _____

Policy No. _____ Name of Subscriber _____

Individual (self-pay) Policy # _____ OR Group Insurance # _____ If group, through what organization? _____

Health History Check those that apply.

Diseases

___ Chicken Pox

___ Measles

___ German Measles

___ Mumps

Allergies

___ Animals

___ Plants

___ Insect Stings

___ Medicine/Drugs _____

___ Food _____

___ Pollen ___ Hay Fever Other _____ ___Wear glasses ___Wear contact lenses

Chronic or Recurring Illness

___ Ear Infections

___ Heart Defect/Disease

___ Seizures

___ Bleeding Disorders

___ Asthma

___ Hypertension

___ Diabetes

___ Musculo-skeletal Disorders

___ Other (Specify) _____

Other

___ Fainting

___ Hypoglycemia

___ Serious Insect Stings

___ Serious Headaches

___ Nosebleeds

___ Constipation

___ Tetanus allergy

___ Aspirin allergy

___ Other drug allergies

Please describe conditions and give dates: Other diseases/disabilities _____

Any other health information you think would be helpful: You may write on the back. _____

Specific medical or dietary regimen to be followed _____

Child taking medicine regularly? Yes No What medication and how often? _____

Will he/she be taking this medicine on the trips? Yes No Date of last tetanus shot _____

Do you give the adults in charge permission to be in charge of dispensing any medicine? Yes No

What medicine do you permit your child to take for a headache? _____

The following over-the-counter medicine may be administered to my child without contacting me:

___ antihistamine (decongestant, antacid, Dramamine, Ibuprofen, Advil, Hydrocortisone

___ Acetaminophen (Tylenol, generic) Polysporin (topical antibiotics)

This health history is correct and my son/daughter has permission to engage in all prescribed activities, except as noted by me. I give my permission for accompanying chaperones to seek emergency first aid treatment during the trip to Rock Springs 4-H Center (October 19-21, 2018) and any other Gold or Silver Orchestra event. ●●●

I authorize any physician or physicians to administer any treatment or to administer such drugs and anesthetics as may be deemed necessary or advisable in the treatment of my son/daughter. This authorization is effective through June 1, 2019.

Signature of Parent/Guardian Date _____

Rock Springs instructional staff is trained to provide the safest activities possible. I understand the campers will be closely supervised and agree that the supervisors, sponsors and RkSpgs 4-H Center are not responsible in case of injury or illness. I further understand that first aid will be available and that should a serious injury or illness occur, medical or hospital care will be provided. I realize the supervisors will notify me in case of serious injury or illness; however, should they be unable to contact me, I hereby grant my permission and consent for emergency medical or surgical care to be given, as determined necessary by a licensed physician. I give permission to RkSpgs 4-H Center, the Kansas 4-H Foundation and the Kansas 4-H Extension program to use pictures taken of my minor child while participating in activities at RkSpgs 4-H Center. I understand these photos may be used for the promotion of RkSpgs and cannot be sold or distributed to any other entity. (In reality, photos are NEVER taken of GO students by the camp staff.—D.L.)

Parent or Guardian's Signature _____ Date _____

I specifically agree to hold RkSpgs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from the participation of my minor ward in RkSpgs activities including programs involving horses, and this "hold harmless guarantee" is specifically granted in consideration of the services by RkSpgs 4-H Center.

Parent or Guardian's Signature _____ Date _____