

*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 \_\_\_\_\_ City: \_\_\_\_\_, KS ZIP: \_\_\_\_\_

Home Phone (785) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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

**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

**Allergies**

- Animals
- Plants
- Insect Stings
- Medicine/Drugs \_\_\_\_\_
- Food \_\_\_\_\_

Pollen  Hay Fever  Other \_\_\_\_\_  Wear glasses  Wear contact lenses

**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 25-27, 2019) 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 20, 2020.

\_\_\_\_\_  
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 \_\_\_\_\_