UNIVERSITY of NEW HAMPSHIRE
COOPERATIVE EXTENSION

NEW HAMPSHIRE 4-H ACTIVITY
Youth Medical Care and Treatment Form

Name ______ Birth Date ______ Age ____ ☐ Male ☐ Female County ______

Parent/Guardian ______ Home Phone ______ Cell ______

Home Address ______ Office Phone ______

Name of Family Doctor ______ Phone ______

Name of Family Dentist ______ Phone ______

Health Insurance Company ______ Policy # ______

Tetanus Immunization: Date of Last Booster ______

If you or the doctor cannot be contacted, in emergency notify:

Name ______

Home Phone ______ Cell ______

Medication Procedures

1. All prescription drugs MUST be carried in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted.
2. Only the exact amount of medication for the length of the event should be brought to 4-H programs and should be kept in the possession of a responsible adult during the 4-H event.

CHECK BELOW IF PARTICIPANT IS SUBJECT TO ANY OF THE FOLLOWING CONDITIONS:

☐ arthritis	☐ bronchitis	☐ ear infection	☐ heart trouble	☐ kidney disease
☐ asthma/respiratory problems	☐ convulsions	☐ frequent headaches	☐ home sickness	☐ seizures
☐ bladder disease	☐ diabetes	☐ fainting	☐ intestinal problems	☐ sleepwalking
				☐ stomach problems

allergies (please list) ______

other (please specify) ______

PRESCRIBED TREATMENT - List any medications that you take, and what they are for. Include prescription and non-prescription (such as pain relievers, aspirin, Tylenol, asthma inhaler, etc.) PLEASE INCLUDE DOSAGES AND ANY SPECIAL INSTRUCTIONS:

______

My child can hold on to and administer his/her own medication. ☐ Yes ☐ No ______ signature of parent/guardian

A staff member/chaperone may administer Benedryl, Tylenol or Motrin (acetaminophen or ibuprofen) ☐ Yes ☐ No

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO OR SUFFERING FROM A RECENT ILLNESS OR INJURY; Operations or Serious Injuries requiring medical treatment (specify on another piece of paper if you need to.)

______

My child is physically able to participate in this program including handling their project animals, if animals are involved; and in the case of the 4-H horse project, participating in mounted activities. I understand that the 4-H members will be supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accident or illness. I further understand that in case of medical emergency we will be notified. In the event that I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this Medical Care and Treatment Form and do certify that the information set forth on this form is true and correct to the best of my knowledge. I will assume all financial obligation incurred if not covered by insurance.

Parent/Guardian Signature ______ Date ______

Event ______ Event Date(s) ______ to ______

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