

# 4-H EVENTS



# HEALTH HISTORY FORM

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City State Zip

Where can your parents/guardians be reached during the trip period? \_\_\_\_\_

### Relatives or friends authorized to act in your behalf in case of emergency if your parents/guardians cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the chaperon to hospitalize, secure proper treatment for, and to order injections, anesthesia, and surgery for my child named above should it be deemed necessary.**

\_\_\_\_\_  
parent or legal guardian

\_\_\_\_\_  
date

**If you know you have been exposed to any communicable disease within a week before attending the 4-H event, please explain fully in a note to the chaperon.**

Name & phone number of family physician: \_\_\_\_\_

Health History: (check those that apply and give approximate dates)

Ear Infection	<input type="checkbox"/>	<b>Allergies</b>	<input type="checkbox"/>	<b>Diseases</b>		<b>Vaccination Dates</b>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/> Hay Fever		Chicken Pox	<input type="checkbox"/>	MMR _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Insect Stings		Measles	<input type="checkbox"/>	DTP/DT _____
Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/> Medication _____		Mumps	<input type="checkbox"/>	OPV _____
		<input type="checkbox"/> Plants		German Measles	<input type="checkbox"/>	
		<input type="checkbox"/> Food _____				
		<b>Asthma</b>	<input type="checkbox"/>			

Give dates of operations or serious injuries \_\_\_\_\_

List current medications \_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be discouraged? \_\_\_\_\_

Any dietary modifications or restrictions required? \_\_\_\_\_

*If you are bringing medications to the event with you, make sure your name is on them and that the chaperon is advised of the directions for administration.*

### ATTACH A COPY OF CURRENT FAMILY INSURANCE INFORMATION.

Discrimination based upon race, color, religion, sex, national origin, age, disability, or veteran's status is a violation of federal and state law and MSU policy and will not be tolerated. Discrimination based upon sexual orientation or group affiliation is a violation of MSU policy and will not be tolerated.

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