



4. **Diabetes, arthritis, kidney or bladder disease.**  Yes  No

If yes please explain:

5. **Stomach or intestinal problems.**  Yes  No

Ulcers, gall bladder or liver, jaundice, hernia, colitis. If yes please explain:

6. **Skin disease.**  Yes  No

If yes please explain:

7. **Any infectious disease or contact with infectious disease in the past month.**  Yes  No

If yes please explain:

8. **Impaired sight or hearing.**  Yes  No

If yes please explain:

9. **Allergies or hay fever.**  Yes  No

If yes please explain:

10. **Allergy to medicines.**  Yes  No

Penicillin, sulfates, tetanus. If yes please explain:

11. Allergy to foods.  Yes  No

If yes please explain:

12. Under on-going care of a physician for chronic or recurring problem (name and number of physician).  Yes  No

If yes please explain:

13. Recent surgical operations, accidents, or injuries in the past 6 months.  Yes  No

If yes please explain:

14. Medications you are currently taking (list name and dosage).  Yes  No

If yes please explain:

15. Date of last flu shot: \_\_\_\_\_ 16. Date of last MMR vaccination: \_\_\_\_\_

17. Date of last tetanus: \_\_\_\_\_ 18. Date of last chicken pox vaccination: \_\_\_\_\_

19. List any special needs or concerns: \_\_\_\_\_

\_\_\_\_\_

I affirm that the individual named above can safely participate in a Mississippi 4-H event/activity and that he or she has no contagious or communicable diseases. He or she has had no major illnesses within 30 days prior to departure. In case of emergency while participating, permission is given for appropriate medical personnel and/or licensed physicians to provide medical treatment. If necessary, given apparent medical condition, permission is given to transport participant by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. Further, I assume all financial obligations incurred if not covered by insurance.

I have carefully read this document, understand its contents and am fully informed about the activities/events scheduled that may involve certain risks associated with physical activity or potential harm, including recreational games/activities and travel by motor vehicle to off-site educational and leisure activities.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Youth (under age 18) must have signature of parent/guardian.



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**Form 696**

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