

4-H Member Information and Authorization Sheet

(Print clearly, fill out completely)



Contact Information

County _____ Program Year _____

Member's Name _____
Last First Middle Initial

Member's Address _____
Street or Box City State Zip Code

Member's Phone Number () _____ Birth Date _____ Age _____ Sex: M F
Month/day/year

Emergency Contact: Name _____ Relationship to Member: Parent Guardian Other:

Daytime Phone Number () _____ Evening Phone Number () _____

Cell Phone Number () _____ Address _____
City State

Alternate Emergency Contact: Name _____ Relationship to Member: Parent Guardian Other:

Daytime Phone Number () _____ Evening Phone Number () _____

Cell Phone Number () _____ Address _____
City State

Health Information

Member has the following:

- Health problems (check all that apply):
 Asthma Convulsions Fainting Spells Physical Impairment
 Bronchitis Diabetes Heart Trouble Hay Fever
 Other (list) _____
- Allergies or reactions to drugs (check all that apply):
 Aspirin Penicillin Other (list) _____
- Allergies or reactions to foods (check all that apply):
 Dairy Gluten Peanuts Shellfish
 Other (list) _____
- Allergies or reactions to things in nature (check all that apply):
 Insect bites or stings Ivy/oak/sumac toxins Other (list) _____

Member experiences the following (check all that apply):
 Sleep walking Bed wetting Other (list) _____

Member has a condition that requires medication: Yes No
 If yes was answered, what is the condition? (list) _____
 What is the name of the medication? (list) _____
 Will the medication be in the possession of the member? Yes No
 Is the member capable of self-administering the medication? Yes No

Date of Member's last Tetanus Immunization _____
Month Date Year

Medical Insurance Company _____ Policy No. _____

Physician or Clinic _____ Address _____ Phone () _____
Street or Box City

Authorization

If an injury or illness develops during an activity or event, medical care will be provided and I will be notified as soon as possible. I understand that it is my responsibility to provide updates (including changes in health conditions and medical coverage) prior to events in which the above-named member participates. I understand and accept the above statements and further authorize each of the following:

- A. The health history and medical information I have provided is correct and the above-named member has my permission to engage in all program activities as noted. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage, or activity restrictions) throughout the program year and prior to any events/activities in which the above-named member intends to participate.
- B. If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.

Parent/Legal Guardian's Signature _____ Date _____
(If the member is 18 or over, **BOTH** the parent/legal guardian and member must sign. If under 18, only the parent must sign.)

Member's Signature _____ Date _____
(If the member is 18 or over, **BOTH** the parent/legal guardian and member must sign. If under 18, only the parent must sign.)

Furthermore, I agree that all activities and use of all facilities relating to participation in 4-H activities shall be undertaken at the sole risk of the member/family and that the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of any 4-H program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in 4-H programs/events or the premises where the programs/events occur and I do hereby expressly forever release, discharge, and hold harmless the Board of Regents of the University of Minnesota, its officers, representatives, agents, employees, leaders, and members of the 4-H program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of the University of Minnesota, any 4-H program, their servants, agents, or employees. **I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.**

I have read and understand and agree to the terms and conditions of this release. I understand that I have given up rights by signing this release and sign it freely and without inducement.

Parent/Legal Guardian's Signature _____ Date _____
(If the member is 18 or over, **BOTH** the parent/legal guardian and member must sign. If under 18, only the parent must sign.)

Member's Signature _____ Date _____
(If the member is 18 or over, **BOTH** the parent/legal guardian and member must sign. If under 18, only the parent must sign.)