

Check if participant is allergic to:

Foods (specify): _____

Medication – prescription or non-prescription drugs (specify): _____

Serious ivy, oak or sumac poisoning: _____

Bee or insect stings: _____ Prescribed treatment: _____

List all present medical and allergic conditions (contact lenses, braces, diabetes, panic/anxiety disorder, eating disorder, physical or any other special needs that require medications, treatment, or special restrictions or considerations in participation).

Conditions: _____

Medications: _____

Specify and restrictions in activities: _____

Immunization Record:

Please record the date (month & year) of basic immunizations and most recent booster doses

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (whooping cough) or (DPT) Tetanus	1 2 3	1 2
Tetanus Diphtheria or (TD)		
Tetanus		
Oral Polio (Sabin) (TOPV)		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent)		
Hemophilus influenza b (HIB)		
Hepatitis		

Parent/Guardian Medical Release:

_____ has my permission to participate in the Ohio 4-H program and activities (with the exception of those restricted activities listed). I understand participants will be supervised. I understand the 4-H staff and volunteers, Ohio State University Extension and The Ohio State University are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature: _____ **Date:** _____

Photo/Video Release:

I give permission to The Ohio State University, OSU Extension, the Ohio 4-H program to use photographs, voice and video images of the participant named above and photographs, voice and video images of any activities in which the participant is involved in any and all public awareness programs of The Ohio State University, OSU Extension, the Ohio 4-H program.

Signature: _____ **Date:** _____

All educational programs and activities conducted by Ohio State University Extension are available to all potential clientele on a nondiscriminatory basis without regard to race, color, creed, religion, sexual orientation, national origin, sex, age, handicap, or Vietnam-era veteran status.