

Name of Member: _____

Name of Club: _____

2009-2010 Health Update

Please explain any changes in health since last year (for example, any new immunizations):

List all allergies:

List all medications currently taken:

Please list any chronic health conditions:

Permission Statement

In case of emergency, I give my consent for necessary examination and treatment as prescribed by a physician. I understand that it is my responsibility to update health information as needed. I give my permission for my child/ward to participate in all activities and events of 4-H with the assistance of a screened volunteer leader(s). I understand that there are unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted by my child/ward. I release and hold harmless 4-H, the University of Massachusetts and any of its authorized personnel involved in any way with the 4-H events in which my child/ward participates.

Signature of parent/guardian

Date signed