Georgia 4-H Medical Information & Release Form This form should be completed prior to each 4-H event.

EVENT:		Date(s) of EVEN	Т:	
Name		4-H'ers Information		
Address				
			Preferred Phone	
	Pa	arent/Guardian Inform	ation	
	Preferred Phone: Text:		Alt. Phone:	
Nam <u>e:</u>]	Preferred Phone:	Alt. Phone:	
Please list the name	s of two adults oth	er than parent/guardian w	ho may be contacted in case of emergency.	
Name:	Preferred Phone:		Alt. Phone:	
Name:	Preferred Phone:		Alt. Phone:	
Medical Information The following information is requested in case of accident or illness to better treat your child. The information is optional and not required for participation. Name of Physician: Phone: Date of Last Physical Examination: Drug Allergies: Other Allergies: Describe any recent illness or injury: Describe any pre-existing conditions: Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er:				

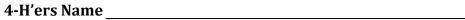
PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in 4-H programming includes risk including, but not limited to, transportation to/from events, sports and recreational games, ropes courses, water activities, hiking, as well as risks that are not foreseeable. For the sole consideration of the Cooperative Extension Service's arranging for participation in 4-H programming, I hereby release and forever discharge The University of Georgia, the Board of Regents of the University System of Georgia, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in 4-H. I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, it's members individually, its officers, agents or employees for any claim for damages arising or growing out of my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Convent not to sue the Board of Regents of the University System of Georgia and understand all of the above policies. I hereby grant permission form y child's images, likeness, and voice to be recorded in any media during this program and to be used by the University of Georgia and Georgia 4-H on behalf of the Board of Regents of the University System of Georgia in any publications, media, or technology now known of or hereby developed in the future for any lawful purpo

Parent/Guardian Signature

Date

PLEASE COMPLETE BOTH SIDES



County_

Parent/guardian should list any over the counter medication that <u>may be given</u> to the 4-H'er in case of illness. In addition, list any/all medication routinely taken by the 4-H'er including prescription and over the counter medications.

<u>Check Yes or No to indicate if you allow your child to receive the following medications while</u> participating in 4-H programming.

- 1. Administration of Acetaminophen (Tylenol [®]) or Ibuprofen (Motrin [®] or Advil [®]) at an age appropriate or weight appropriate dose for discomfort, pain, or fever
 - \Box Yes \Box No *** Parent/Guardian will be contacted if student's fever is 100° F or higher.
- 2. Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and at an age appropriate dose
 - □Yes □No
- 3. Diphenhydramine (Benadryl®) for symptoms of allergic reactions, insect stings, or rashes at an appropriate dose
 - □Yes □No
- Sore throat relief spray for sore throat
 □Yes □No
- 5. Cough Drops for coughing \Box Yes \Box No
- 6. Itch and rash relief cream/ointment for minor skin irritations □Yes □No
- Lubricating eye drops for eye irritations
 □Yes □No
- 8. Oral pain relief gel for tooth/mouth discomfort
 □Yes □No
- Triple antibiotic ointment for minor skin abrasions/wounds
 □Yes □No

Please list any prescription or over the counter medications your child is currently taking. This information is necessary if your child is to be treated by a medical professional. Examples: Claritin, vitamins, etc. If the following medication should be administered during this event, complete the Georgia 4-H Medicine Form.

Medication	ondition being treated for	

I am the parent/guardian of _______and give permission for the medications listed to be administered as directed. By signing below, I am agreeing the information is currently correct.

Parent/Guardian Signature

Date