



# PERSONAL HEALTH AND MEDICAL RECORD (Waiver of Medical Care)

## MEDICAL INFORMATION *(Check all that apply)*

- Allergy to food, plants or insect stings. Explain \_\_\_\_\_
- Any condition that may require special care, diet or restriction of activities. Explain \_\_\_\_\_

- Asthma  Convulsions  Diabetes  Fainting Spells  Heart Trouble  Nose Bleeds

Does this child wear :  Contact Lens  Dentures  Other

Explain \_\_\_\_\_

Are you aware of any current health problems:  Yes  No

If yes, explain \_\_\_\_\_

Has your child ever had any of these diseases or injuries?

	No	Yes	Year		No	Yes	Year
Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chest, Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joint,	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____				

Give details on injuries or diseases listed: \_\_\_\_\_

## WAIVER OF MEDICAL CARE

I understand that 4-H provides secondary participant insurance in the event of an emergency. For religious reasons, I/we **DO NOT** want \_\_\_\_\_ (4-H'er's name) to be included in this emergency/medical treatment option.

## DO NOT TAKE THIS CHILD TO SEE A MEDICAL DOCTOR

In case of accident or illness you are to (Please give complete instructions for camp administration to follow. Instructions should include both major emergencies and everyday cuts and bruises, first aid, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian Signature* *Month, Day, Year*

## HEALTH AND SAFETY INVESTIGATIONS

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of emergency, when there is danger to person, property or the building, no authorization is required.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 4-H Member's Signature                      Parent/Guardian Signature                      Date

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.  
 University of Tennessee Institute of Agriculture and county governments cooperating.  
 UT Extension provides equal opportunities in programs and employment.  
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