

ARIZONA 4-H YOUTH DEVELOPMENT

PARENTAL/GUARDIAN CONSENT & RELEASE OF MEDICAL INFORMATION

Participants Name:				
Birth Date: E-mail:	:	P	hone:	
Address:	City:	St	ate: Zip:	
Do you have a disability for which y	ou seek an accommodation	? If so, please list your r	needs:	
Emergency Medical Information For treatment purposes:	<u>.</u>			
Name of Physician / Licensed Medical Prac	titioner	Phone	Number	
Insurance Company	ance Company Policy Number		Number	
List Prescribed Medication				
List approved "Non-Prescription" Medicati	ons your child may be given (aspir	in, ibuprofen, cold remedies,	etc)	
List activities prohibited due to medical con	nditions			
List allergies (food, drug, plant, insect, etc.)			
Immunization dates (Month/Yea	ar): Tetanus:	Measles:	Mumps:	
Emergency Contact:				
Name	Address		Phone Number	
Participant Consent (Adult Only) I,inten In the event of an emergency, I authorize t which may be required during this time. I the	he 4-H Youth Development Repres	sentative to arrange for neces		
Participant Signature :			Date:	
Parental / Guardian Consent (Yout I give permission for (participant's name) _ date(s) I understand that representative. In the event of an emergent appropriate medical treatment which may	at it may also include travel time, t ncy, I authorize the 4-H Youth Dev	o and from this event, while i	haperone to arrange for necessary and	
Parent/Guardian Signature :			Date:	

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Economic Development & Extension, College of Agriculture and Life Sciences, The University of Arizona.

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