

Explain any "Yes" items and list any other problems, including the diagnosis, date of injury or illness, hospital, length of hospitalization, name of doctor, etc. List any exposure to infectious disease in the two weeks prior to event. _____

(Attach a page if extra space is needed for explanation)

Immunizations (latest date): **Tetanus** _____ **Hepatitis** _____

Special or Prescription Medications:

Please list any special medication being taken including the name and phone number of the prescribing physician, dosage, consumption rate and interval.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Prescribing Physician & Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Restrictions:

Chronic or recurring illness and treatment which may be needed _____

Dietary modifications require physician's written instructions be given to 4-H staff two (2) weeks prior to the event.

Statement of Health:

To my knowledge, I have no health problems, unless stated earlier, and can SAFELY PARTICIPATE in this event. I would rate my health as: (please circle one)

POOR FAIR GOOD EXCELLENT.

I have no contagious or communicable disease and have had no illness within 30 days that would preclude me from participating in this event. If I do have any health problems or illnesses, they are explained in the space provided on page one.

Insurance Information:

LSU AgCenter insures all participants while they attend 4-H sponsored events. This insurance is limited to \$3,000 and does not cover crutches. Remaining medical bills are the responsibility of the participant and his/her parent or guardian.

It is the policy of the Louisiana Cooperative Extension Service that no person shall be subjected to discrimination on the grounds of race, color, national origin, gender, religion, age, or disability.