

## Health History and Emergency Medical Treatment

Please fill out this form and return it to your club's Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): \_\_\_\_\_

Parent/Guardian Name if Member is under 19: \_\_\_\_\_ Homesickness

Fear of water

Does the member take any prescribed medication: the dark

Yes

No

If yes, will the medication be taken at the event? walking  
tting  
ual cramps

Yes

No

If yes, ask your Extension office for a 4-H Health Statement on Medication or Pre-existing Injury form. walking  
xplain

Does the member have any known allergies or