

MEMBER'S HEALTH FORM
MEDICAL HISTORY

(Each delegate must complete and bring to 4-H event.)

1. Do you have any physical complaints or chronic illness at this time? Yes or No _____

If yes please explain _____
 2. Are you under the care of a physician or practitioner of any sort? Yes or No _____

If yes please _____
 3. Are you taking medicines of any type? Yes ___ No ___
If so, what? _____
In what dosage? _____
Are you on a special diet? _____
If so, what kind? _____

 4. Do you have or have you ever had:
 - a. Diabetes? _____ If yes, are you taking insulin? _____
How much? _____ What kind? _____
 - b. Asthma? _____ Do you carry an inhaler? _____
 - c. Allergy? _____ If yes to what _____
 - d. Any other disorder? _____
 5. Physician's Name _____
Phone no. _____
- Insurance Company Name _____
- Policy Number _____

WASHINGTON STATE 4-H NO-FAULT FORM
PARENTAL CONSENT AND RELEASE FORM

PARTICIPANT

Last Name First Name

PHONE NUMBER: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

4-H CLUB OR GROUP: _____

COUNTY: _____

4-H ACTIVITY: Skamania County Fiber Camp

As parent/legal guardian of the above individual, I hereby give my consent for the above named person to attend the 4-H event listed above. I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may have or accrue against Washington State University Cooperative Extension, their representatives, agents, and accompanying 4-H program leaders, arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the state delegation to hospitalize and secure proper treatment (including surgery) for my child.

I understand and give my consent, that any photos taken of my child participation in a 4H event may be used in future WSU cooperative Extension publication or printed promotional materials.

I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will.

PARENT/GUARDIAN SIGNATURE DATE

ADDRESS CITY, STATE ZIP CODE

PHONE NO. _____