

Immunizations (latest date): Tetanus _____ Hepatitis _____

Special Restrictions

Chronic or recurring illness and treatment which may be needed _____

Membership and participation in activities and events are open to all citizens without regard to race, color, national origin, gender, religion, age, veteran status, or disability. *If you have a disability that requires special accommodation for your participation in this event, please contact your parish 4-H agent two (2) weeks prior to your participation in this event.*

Indicate if your child has special requirements for travel/lodging or dietary needs due to disability or medical restrictions. _____

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

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.

Parent/Guardian Authorization to participate or exclude participation in event activities:

I give permission for my child to participate in all event activities with the following exceptions:

Parent/Guardian Authorization for Medical Care:

I, the undersigned parent/guardian, understand that although the 4-H staff closely supervises the participants, the 4-H staff is not responsible in cases of accidental injury or illness. In the event first aid is necessary, it will be available on site. I hereby give permission to the physician selected by the 4-H staff to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, permission to secure proper treatment for, hospitalize, order injections and/or anesthesia and/or surgery for my child as named above.

Signature of parent/guardian

Date (month/day/year)

I (parent) hereby give permission for Louisiana 4-H to administer the following over-the-counter medications if the nurse/med tech deems it necessary. Dosages will be administered according to directions on the bottle unless a parent or physician directs otherwise. **Circle any item(s) you do not want administered to your child.**

Scrapes & cuts	Antibiotic ointment
Headache	Non-aspirin pain reliever
Upset stomach	Bismuth subsaliaylate (stomach relief liquid)
Constipation	Milk of magnesia
Diarrhea	Anti-diarrheal medicine
Menstrual cramps	Ibuprofen
Poison ivy/insect bites	Calamine lotion/antihistamine liq./hydrocortisone cream benzocaine swabs
Sunburn	Sunburn spray/lip balm
Sore throat/cough	Sore throat spray/lozenges
Sinus/cold	Sinus/cold medications
Sore muscles	Muscle rub
Ear ache	Swimmer's ear drops
Eye wash	

Signed _____ **Date** _____

Photo Release (check one)

_____ I give permission to use my child's name/photo in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities.

_____ I do NOT give permission to use my child's name/photo in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities.

Signature of parent/guardian

Date (month/day/year)

By my signature I am verifying that all the above information on this Louisiana 4-H Overnight Event Permission/Health Form is true and accurate.

Parent/Guardian

Date

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.