Rowan County 4-H Enrollment Card

Name____ **Birthdate** ______/______/_____ **Age**_____

Last First MI month day Year

Mailing address____

Street/Post Office box

City_________________________ **Zip** _______ **Contact phone number**__________________

Grade_____ **Ethnicity:** Not Hispanic _____ Hispanic _____ **Gender**: Male_____ Female_____

Race: Asian_____ white_____ black_____ American Indian_____ Hawaiian & Pacific Islander_____

Residence: Farm_____ Rural or town _____ **Email address**___________________________

Military family:

If yes, please select branch: ☐ Army ☐ National Guard ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard

Parent/Guardian Name______________________________ **Parent/Guardian Phone #**_________

List 3 things that you consider your hobbies or interest.

(1) ____________________ (2) ______________________ (3)______________________

Health Considerations:____

____

University of Kentucky
College of Agriculture, Food and Environment
Cooperative Extension Service
4-H Youth Development

4-H Participant Information/Enrollment Form *(NOT FOR RESIDENTIAL CAMP)*

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: ______ (Last) ______ (First) County/District: ______

Address: ______ Birth date: ______ Age: ______ ☐ Youth ☐ Adult ☐ Female ☐ Male

City: ______ State: KY Zip: ______ Email: ______ Home Phone: ______ Farm: ☐ Yes ☐ No

Race: ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander ☐ Hispanic ☐ Non-Hispanic Grade: ______

Emergency Contact #1: ______ Phone ☐H ☐W ☐C ______ Phone ☐H ☐W ☐C ______

Emergency Contact #2: ______ Phone ☐H ☐W ☐C ______ Phone ☐H ☐W ☐C ______

Name of Family Doctor: ______ Doctor's Phone: ______

Health Insurance Company: ______ Policy #: ______

Name of Policy Holder/Relationship to Participant: ______ Member ID: ______

HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	*No*
1) Asthma	☐	☐
2) Bronchitis	☐	☐
3) Convulsions	☐	☐
4) Diabetes	☐	☐
5) Ear Infection	☐	☐
6) Fainting	☐	☐
7) Heart Condition	☐	☐
8) Headaches	☐	☐
9) Hypoglycemia	☐	☐
10) Serious Allergy to Insects	☐	☐
11) Wear Glasses/Contacts	☐	☐
12) Other Conditions	☐	☐
13) Drug Allergy (please explain)	☐	☐
14) Food Allergy (please explain)	☐	☐
15) Other Allergy (please explain)	☐	☐

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc):

The following over the counter medications may be administered to my child without contacting me:

☐ Antihistamine Pill ☐ Antacid ☐ Ibuprofen (Advil) ☐ Hydrocortisone Cream
☐ Acetaminophen (Tylenol) ☐ Decongestant ☐ Dramamine ☐ Polysporin (topical antibiotic)

MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. **SIGNATURE OF PARENT/PARTICIPANT:** ______ **DATE:** ______

PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF PARENT: ______ ☐ **NO, I do not permit.**