

Event: _____

Activity Health & Participation Form

Child's Name: _____

Age: _____ Grade: _____ Phone: _____

Address: _____ City: _____ Zip: _____

_____ has my permission to attend this program and participate in all activities.
(child's name)

Does this child have any allergies? Yes ___ No ___
(If yes, please explain.)

Does this child have any special needs? Yes ___ No ___
(If yes, please explain.)

Are there any activities that this child cannot participate in? Yes ___ No ___
(If yes, please explain.)

I may be reached at this phone number in case of an emergency: _____(home)
_____ (work) _____ (cell)

If I am unable to be contacted, please contact:

Name: _____ Relationship: _____
Phone Number: _____

Family Health Insurance Company: _____
Policy Number: _____ Group Number: _____

If emergency treatment is required during this activity and the parents or guardians cannot be reached immediately, may UW-Extension Agents and/or their representative chaperones seek emergency medical treatment by a hospital or medical person? (If no, please indicate a plan to follow.) Yes ___ No ___

During the program, photographs may be taken to be used in news releases, 4-H promotional materials or displays. Do you give permission for your child to be included in the photographs? Yes ___ No ___

Parent/Guardian Signature Date

Please print name of parent or guardian: _____