

Clark County 4-H Horse Member Medical Form

Name _____ Birth Date: _____

Name
First
Middle

Mailing Address _____ Age: _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contacts: 1st contact must be a parent/guardian

Name of Person	Relationship <small>Parent/Guardian, Relative, Friend, Neighbor</small>	Home Phone #	Work Phone #	Cell Phone #

Preferred Medical Care, in case of emergency:

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Hospital: _____ Phone #: _____

Current Medical History Information:

Allergies (food, bee, medicine): _____

Prescribed Treatment for Allergies: _____

Medical Conditions: _____

Prescription Medications: _____

Date of Last Tetanus Injection: _____

Any Restricted Activity: _____

Parent/Guardian Medical Release

_____ has my permission to participate in the Clark County 4-H horse program and activities (with the exception of those restricted activities listed). I understand that the Ohio State University Extension, it's staff and volunteers, and the Ohio State University are not responsible in the event of accidental injury or illness, nor for compounded injury or illness to the participant's present medical conditions listed. I further understand in case of accident or injury at Clark County 4-H horse event, I will be notified through the emergency contact number(s) I have provided. If I can't be contacted, I give my permission for my child to be transported by emergency medical vehicle to the above listed medical facility. I give my permission to the attending hospital physician to hospitalize and to secure proper treatment and to order injection, anesthesia, or surgery for the participant as named above. I understand that I am responsible for payment for the treatment. I understand that it is my responsibility to update this medical release form as my son/daughter's medical history changes during the course of the Clark County 4-H Horse Program Year, April 1st to August 31st of the current year.

Parent/Legal Guardian Signature

Date