

HEALTH HISTORY INFORMATION

(This information is confidential and will be used only in case of emergency.)

Name of 4-H Member: _____

Social Security Number: _____ Date of Birth: _____ / _____ / _____
 (Optional) Month Day Year

Is your child subject to:	Yes	No	Does your child have or has ever had:	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung trouble	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Has appendix been removed ?	<input type="checkbox"/>	<input type="checkbox"/>

Is the child currently under any type of medical treatment? /

Is there any history of behavior disorders or emotional disturbances, such as difficulties in relationships with authority figures or peers, or abnormally severe moodiness? /

Has the child been under psychiatric treatment within the past three years? /

Date of Child's last Tetanus Vaccination: ____ / ____ / ____
M D Y

Please identify over-the-counter medications that we may administer. For example: Antacid, Aspirin.

Please identify child's allergies, including allergies to food, medications, or drug reactions you know about:

Please list any disabilities or disorders that may affect your child's participation at this 4-H function, such as eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all medications that child is presently taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Times Taken</i>

Remarks and any special instructions. Please explain "Yes" answers on this page.

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