4-H Volunteer Enrollment Form – 2023-2024

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

Name: (Last)_____ (First)_____ Club_____

Address:_____ City:_____ State:_____ Zip:_____

Phone_____ Email_____

Please Check One: ❑ Female ❑ Male ❑ Prefer Not To State
❑ Hispanic ❑ Non-Hispanic ❑ Prefer Not To State
❑ I Live On A Farm

Race: ❑American Indian or Alaskan Native ❑Asian ❑Black or African American ❑Hawaiian or Pacific Islander ❑Other ❑White ❑Prefer Not To State
❑We are a military family. Which branch?_____

Emergency Contact:_____ Phone:_____ Cell:_____

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.

Serious Allergy to Insects: ❑Yes ❑No
Allergy to Dairy: ❑Yes ❑No
Allergy to Gluten: ❑Yes ❑No
Allergy to Nuts: ❑Yes ❑No
Any Other Allergies: ❑Yes ❑No
List:_____

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

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

Name of Family Doctor_____ Doctor's Phone Number_____

		YES	NO
1)	Allergies	❑	❑
2)	Asthma	❑	❑
3)	Bronchitis	❑	❑
4)	Convulsions	❑	❑
5)	Diabetes	❑	❑
6)	Ear Infection	❑	❑
7)	Fainting	❑	❑
8)	Headaches	❑	❑
9)	Heart Condition	❑	❑
10)	Hypoglycemia	❑	❑
11)	Other Conditions	❑	❑
12)	Any Other Conditions	❑	❑

List: _____
_____
_____
_____

Health Insurance

Health Insurance Company_____
Policy #_____
Member ID_____
Name of Policy Holder_____
Relationship to Participant_____

List & Explain any restrictions (dietary, physical, etc.)

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

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:_____ ❑No I do not permit **DATE:**_____