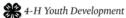
4-H Volunteer Enrollment Form - 2023-2024





e: (Last)	(First)	Club	
ess:		City:	State: Zip:
ne		Email	
se Check One:	☐ Non-Hispanic rm	☐ Prefer Not To State ☐ Prefer Not To State African American ☐ Hawaiian or Pacific Islander ☐	Other □White □Prefer Not To
☐ We are a military family. Wh	ich branch?		
rgency Contact:		Phone: Cell:	_
		HEALTHHISTORY	
		ng? Check "Yes" or "No" to each item. Please explain any Reporting conditions will not prevent a person from atten	
Serious Allergy to Insects: Allergy to Dairy: Allergy to Gluten: Yes Yes	□No □No □No	Allergy to Nuts:	
The following over the counter medic	cations may be administered t	o my child without contacting me:	
☐Acetaminophen (Tylenol) ☐Hydrocortisone Cream	□Antacid □Ibuprofen (Advil)	□Antihistamine Pill □Decongestant □Polysporin (topical antibiotic)	1 Dramamine
Name of Family Doctor		Doctor's Phone Number	
3) Bronchitis4) Convulsions	YES NO Allergies Asthma Bronchitis Convulsions Diabetes	Health Insurance Health Insurance Company Policy #	
6) Ear Infection		Member ID	
7) Fainting		Name of Policy Holder	I
9) Heart Condition	List & Explain any restrictions (dietary, ph		
		MEDICAL TREATMENT	
information provided on this form is cor	rect and complete to the best o	f my knowledge. This person has permission to engage in all	events and activities. I hereby give

SIGNATURE:_

☐No I do not permit

DATE:_