Tennessee State University

Photo of Participant

4-H Youth Development UTEXTENSION Institute of Agriculture The University of Tennessee

F600-B

Name _____

County _____

ADULT ACTIVITY AND EVENT ACCEPTANCE FORM
Volunteer or Paid Staff Member

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600-A.

I. IDENTIFICATION

Name _____ Home Phone ( )
Last First Middle

Date of Birth _____ Sex ☐ Male ☐ Female

Home Address _____
Street/P.O. Box City State ZIP

Emergency Contact _____
Name

Address _____ Home Phone ( )
Street/P.O. Box City State ZIP

Relationship _____ Work Phone ( )

II. PUBLICITY RELEASE

As indicated by the signature below, I authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature _____ Date _____

Date received in 4-H Center or county office _____

Name _____

County _____

III. HEALTH HISTORY AND MEDICAL RECORD

The information on this form will be provided to any health care providers in case of an emergency. This information will not be used to discriminate against a participant on the basis of any disability.

Name of Physician _____ Phone ( )

Medical/Hospital Insurance _____

Carrier Policy of Group #

CHECK ALL THAT APPLY

☐ Allergy to a medicine, food, plant, or insect toxin. Explain _____

Is participant allergic to the following drugs: ☐ Penicillin ☐ Sulfa Drugs ☐ Tetracycline ☐ Aspirin

List allergies to other drugs or allergens _____

☐ Any condition that may require special care, diet or restriction of activities for medical reasons. Explain _____

☐ Asthma ☐ Heart Trouble ☐ Nosebleeds ☐ Diabetes ☐ Convulsions ☐ Fainting Spells

Do you wear? ☐ Dentures ☐ Contact Lens ☐ Other (Explain) _____

Is any medication, including medication for behavior modification, being taken at the present time? ☐ Yes ☐ No

If yes, explain _____

Date of most recent examination _____

Are you aware of any current health problems? ☐ Yes ☐ No If yes, explain _____

Is there any disease, accident, illness or past/present history related to the following? (If yes, please give dates and full details.)

	No	Yes	Year		No	Yes	Year		No	Yes	Year
Serious Illness/Injury	☐	☐		Appendicitis	☐	☐		Rheumatic Fever	☐	☐	
Surgery	☐	☐		Kidney Infection	☐	☐		Blood	☐	☐	
Ears/Eyes	☐	☐		Back/Limbs/Joints	☐	☐		Stomach	☐	☐	
Teeth/Tonsils	☐	☐									

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Have Had
Tetanus		Measles		☐ Measles
Diphtheria		Mumps		☐ Mumps
Polio		Rubella		☐ Rubella
Hepatitis (A, B or C)		Varicella (Chicken Pox)		☐ Chicken Pox
(circle one/any)				☐ Tuberculosis

IV. EMERGENCY MEDICAL RELEASE

In consideration of my participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery. In the event of illness or injury, I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agents(s) to secure any necessary treatment, including the administration of anesthetics and surgery. I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide this medical history form to health care personnel. I authorize my physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. Either the original permission or a photostatic copy thereof is valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants. I accept responsibility for payments of those medical costs incurred for injuries or illnesses.

I have read this Release and Assumption of Risk Agreement and signed it on behalf of myself, my heirs, assigns and anyone entitled to act upon my behalf.

* Signed _____ Date _____

Volunteer or Paid Staff Member's Signature Month/Day/Year

*If for any reason you do not sign this, you must complete and sign Form 600-C.