

ADULT HEALTH FORM

Event: 4-H Horse Camp

Adult Name: _____

4-H County: _____

Date: _____



UNIVERSITY OF MINNESOTA
EXTENSION

HEALTH INFORMATION

Please be accurate yet concise. In an emergency, this may be the only immediate source of information.

Do you have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being?	<input type="checkbox"/> No, I do not have any relevant health diagnosis. <input type="checkbox"/> Yes, a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis.
Health diagnosis details/ explanations and suggested accommodations.	
Do you have any specific dietary needs?	<input type="checkbox"/> No special food needs or requests. <input type="checkbox"/> Yes, food allergies or restrictions (e.g. peanuts, gluten-free) or food preferences (e.g. vegetarian).
Dietary needs details/explanation.	
Do you have any allergies or reactions to drugs or things in nature? If so, please describe.	
Do you have any conditions requiring medication?	<input type="checkbox"/> No medications are needed. <input type="checkbox"/> Yes, and assistance is needed with medications. <input type="checkbox"/> Yes, and I am capable of self-administering medications.
Medication details/explanation.	
Is your Tetanus immunization current?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure
Date of last Tetanus shot (month/year). Leave Blank if not current or unknown.	
Do you have any other health related conditions?	

EMERGENCY CONTACT INFORMATION

Contact name 1:

Primary (best to call) phone number: _____

Alternate phone number: _____

Relationship to volunteer: _____

Contact name 2:

Primary (best to call) phone number: _____

Alternate phone number: _____

Relationship to volunteer: _____