

2023 Youth Event Health Form

Event Name: Buffalo

Dates:

Summer 2023

You	ıth N	ame:		Birth date _	/	/	Age on 1st day o	of event	Sex: Male	e Female
Cus	todia	ıl Parent/Guardian (d	or spouse)				E-ma	il address:		
Pho	ne N	umbers: Home () -	Work ()_		- Cell I	phone ()		
Hoı	ne ac	ldress:				7		Q		
~			Street		(City		State		Zip
		parent/guardian mergency contact:					Pho	one: Home () -	
								Work () -	_
Ado	lress	·	Street			City		State	;	Zip
Yes	No	Health Conditions	s (check)		Yes	No	Allergies (check)	List specifics		
		Asthma	,				Insect stings			
		Diabetes					Foods			
		Epilepsy					Medications			
		Psychiatric					Other			
		Cognitive/Develop	mental				Do any allergies re	quire an EPIPEN	I injection?	
		Any dizziness, ligh with exercise withi		nting associated			Is insulin required	and carried by yo	outh?	
		Any unexplained, r the past year?	apid or irregular he	art beat within			Is an inhaler requir	ed and carried by	y youth?	
		A physician has so participation in spo	metime denied or re rts due to a heart pr		Dat	e of	last Tetanus booster	: (mm/dd/yy)		
Nan	ie of	Insurance Co.:						Policy #:		
Med	licat	ions camper will be	taking during eve	nt/camp:						
	N	ledication #1	Reason	Dosage (1	mg)	Т	imes of day given		Physician & Number	Phone
Des	cribe	e side effects (mood/	behavior changes, u	pset stomach, di	arrhe	a):				
List	any	special instructions	or additional inform	nation regarding	the m	edic	ation that would be l	nelpful to the hea	alth care staff:	

UW – Madison ExtensionYouth Event Health Form (Continued)

Participant Name:	
Parent/Guardian Signature:	

	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/	behavior changes, ups	set stomach, diarrhea):	
List any special instructions	or additional informat	tion regarding the me	dication that would be h	elpful to the health care staff:
Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/	behavior changes, ups	 set stomach, diarrhea	<u> </u>):	
List any special instructions	or additional informat	tion regarding the me	dication that would be h	elpful to the health care staff:
List any special instructions	or additional informat	tion regarding the me	dication that would be h	elpful to the health care staff:
List any special instructions	or additional informat	tion regarding the me	dication that would be h	elpful to the health care staff:
List any special instructions	or additional informat	tion regarding the me	dication that would be h	elpful to the health care staff:
				elpful to the health care staff: at can be administered, if available
	d over-the-counter m			
Programs may have limited	d over-the-counter m □Yes	nedications available		
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch)	d over-the-counter m □Yes	nedications available □No		
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl: Yes	d over-the-counter m Yes cream: Yes	nedications available □No		
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl:	d over-the-counter m ☐Yes cream: ☐Yes]No	nedications available □No		
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl: Yes buprofen: Accommodations	d over-the-counter m Yes cream: Yes No	nedications available	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl:	d over-the-counter m Yes cream: Yes No	nedications available	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl: Yes buprofen: Accommodations	d over-the-counter m Yes cream: Yes No	nedications available	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl: Yes buprofen: Accommodations	d over-the-counter m Yes cream: Yes No	nedications available	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl: Yes buprofen: Accommodations	d over-the-counter m Yes cream: Yes No No	nedications available No No cipate in this event?	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl:	d over-the-counter m Yes cream: Yes No No	nedications available No No cipate in this event?	e. Select medications th	
Programs may have limited Acetaminophen (Tylenol): Hydrocortisone (anti-itch) Benadryl:	d over-the-counter m Yes cream: Yes No No commodation to partice ons or restrictions regar	nedications available No No cipate in this event?	e. Select medications th	

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Madison Division of Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

elow.	amp policy to secure your consent for medication distribution and for the use of medical device	es by signing
lease chec	k all that apply:	
	Medication(s) has been brought to event/camp.	
	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	Sticoline
	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	
onsent for I a	daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to all of the following. By signing below, n giving my consent in advance for medical treatment at an appropriate medical facility in case ary.	•
	n stating that I am aware of and accept the risk inherent in the program activity.	
	test that all information on this form is correct and up-to-date, and that I will provide any and alterial, and important changes to any information in this form to event/camp staff no later than elements.	
Un lial	gree to hold harmless and indemnify the Board of Regents of the University of Wisconsin Syste iversity of Wisconsin – Madison Division of Extension, their officers, agents, and employees froility, loss, damages, costs, or expenses which are sustained, incurred or required arising out of son, daughter or ward in the course of the event/camp.	om any and all
• • Participant	Name (Please Print)	
SIGNAT	URE OF PARENT OR LEGAL GUARDIAN	Date

This is the approved health form for 4-H events and camps.