

PERSONAL HEALTH AND MEDICAL RECORD (Waiver of Medical Care)

MEDICAL INFORMATION *(Check all that apply)*

Allergy to food, plants or insect stings. Explain _____

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

Asthma Convulsions Diabetes Fainting Spells Heart Trouble Nose Bleeds

Does this child wear : Contact Lens Dentures Other

Explain _____

Are you aware of any current health problems: Yes No

If yes, explain _____

Has your child ever had any of these diseases or injuries?

	No	Yes	Year
Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Serious Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest, Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back, Joint, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Give details on injuries or diseases listed: _____

WAIVER OF MEDICAL CARE

I understand that the University of Tennessee carries limited medical insurance on all campers and that medical attention would be provided in case of emergency. For religious reasons, I/we **DO NOT** want _____ (4-H'er's name) to be included in this part of the camp program.

DO NOT TAKE THIS CHILD TO SEE A MEDICAL DOCTOR

In case of accident or illness you are to (Please give complete instructions for camp administration to follow. Instructions should include both major emergencies and everyday cuts and bruises, first aid, etc.):

Signed _____
Parent/Guardian Signature

Date _____
Month, Day, Year