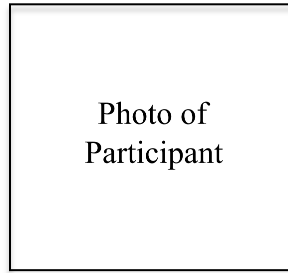
TENNESSEE STATE UNIVERSITY



UT Extension

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) (circle one/any)	________	Varicella (Chicken Pox)	________	☐ Chicken Pox
				☐ 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.

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.