



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 Last First Middle Home Phone ( )

Date of Birth Sex Male Female

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

Emergency Contact Name

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

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	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears/Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back/Limbs/Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth/Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____								

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Have Had
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis (A, B or C)	_____	Varicella (Chicken Pox)	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> 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.

F600B (Rev) 02/14  
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.