

Pitt County 4-H

First Name	Middle Name
Last Name	Mailing Address
Mailing Address 2	City
State	Zip Code
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone	Cell Phone
Grade	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone

Second Household

Family Name	First Names
Primary Phone	

Emergency Contact

Name	Phone
Cell Phone	Relationship

Health Questions

Health History	
Please list ALL medications, even over-the-counter or nonprescription drugs, including Tylenol, Pepto-Bismol, Benadryl, etc. that may be taken. If attending out of county events, bring enough medication to last the entire time you are away. Keep it in the original packaging/bottle that identifies the prescribing physician (if prescription drug), the name of medication, the dosage, and the frequency of administration.	
This person takes medications on a routine basis	Medication(s) - Name, Reason, Dosage, Time Taken
Known allergies to foods, drugs, insect stings or bites, etc	Over-the-counter medications (Aspirin)
Over-the-counter medications (Tylenol)	Over-the-counter medications (Ibuprofen)
Over-the-counter medications (Benadryl)	Over-the-counter medications (Peto-Bismol)
Other over the counter medications	Dietary Restrictions (Vegetarian)
Dietary Restrictions (Vegan)	Dietary Restrictions (Gluten Free)
Other Dietary Restrictions	Adaptations & Limitations
General Health Questions (Had any recent injury, illness)	General Health Questions (Have a chronic or recurring il)
General Health Questions (Ever been hospitalized)	General Health Questions (Ever had surgery)

General Health Questions (Have frequent headaches)	General Health Questions (Ever had a head injury)
General Health Questions (Ever been knocked unconscious)	General Health Questions (Where glasses, contacts, or pr)
General Health Questions (Ever had frequent ear infectio)	General Health Questions (Ever been dizzy / passed out d)
General Health Questions (Ever had seizures)	General Health Questions (Ever had chest pain during or)
General Health Questions (Ever had high blood pressure)	General Health Questions (Ever been diagnosed with a hea)
General Health Questions (Ever had back problems)	General Health Questions (Ever had joint problems)
General Health Questions (Have any skin problems)	General Health Questions (Have diabetes)
General Health Questions (Has asthma)	General Health Questions (Have mononucleosis in the past)
General Health Questions (Have problem sleep walking)	General Health Questions (Have a history of bed wetting)
General Health Questions (Ever had a eating disorder)	General Health Explanation
<p>Has this person had a TB Mantoux Test If so, what is the date of the last test and was it positive or negative</p>	
<p>State 4-H Campers ONLY (Betsy-Jeff Penn, Millstone & Eastern 4-H Center): Please download these two (2) forms located in the link below. The "Medical Form / Health Care Recommendations by Licensed Medical Personnel" and the "Liability Waiver" are for "State 4-H Camp Participants Only." Please note that the Medical Form must be completed by the physician if your child is going to one of our State 4-H Camps. State 4-H Camps (Overnight) that require these forms include: Betsy-Jeff Penn, Millstone & Eastern 4-H Center Medical and Liability Forms for State 4-H OVERNIGHT Campers ONLY</p>	
BEH Concerns:	Family Physician
Family Dentist/Orthodontist	Health Insurance Company
Health Insurance Policy Number	Health Insurance Company Address
Health Insurance Company Phone Number	Custody Release