



Sandlot Sports Mini-Health Form

This form must be completed only when the adult transporter is not staying for the full event.
This information will be kept confidential and used only for the welfare of the participant.

Participant/Member Information:

Name: _____		
(Last)	(First)	(Middle)
Address: _____		
(Street)	(City)	(State) (Zip)
Home Phone: ()	County:	
Date of Birth:	Male/Female	Age:

Emergency Contact Information:

Parent Name:	Parent Cell Phone: ()
Other Contact:	Other Cell Phone: ()
Physician:	Physician Phone: ()
Dentist:	Dentist Phone: ()

Health History:

The participant is current or up-to-date on the above vaccines and immunizations: _____ (Initial Here)

If the participant is **not** current or up-to-date on the above vaccines and immunizations, please explain: _____

List any current medical treatment or medicines of the participant, if any: _____

Allergies:

Food Allergies: _____

Medication Allergies: _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

Emergency Medical Release

Please check one of the following options and sign below.

_____ **To Grant Consent:** We will notify you if our volunteer/staff thinks your child should go to the doctor or emergency room. In the event of reasonable attempts to contact you and the additional emergency contacts have been unsuccessful, I **hereby give my consent for:** (1) the administration of any treatment deemed necessary by the preferred physician and preferred dentist listed on the front of this form, or in the event the designated practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to appropriate hospital or urgent care center reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentist, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

_____ **To Deny Consent: I do not give consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish 4-H Sandlot Sports to do the following:

(Parent, Guardian, or Transporter) Signature

Today's Date

Record Retention Notice

This medical form will be retained for the duration of this Sandlot Sports season. It is not transferrable to other 4-H programs or events. Upon completion of this season, the form will be retained in a locked facility for the duration of Ohio State University's record retention protocols. You would need to complete a new form for next season if the need arises.