

**California State Fair Youth Task Force
Medical Treatment Form
Minor
Confidential**

Full Name (first, middle, last)

Cell Phone Number (with area code)

This medical release form is authorized for Youth Task Force functions and activities for the date(s) specified below:

California State Fair 2015 Youth Task Force
Club/Unit Name

Sacramento, California
County and State

April 1, 2015 until August 1, 2015
Dates (From/To)

While my child is attending or traveling to or from this California State Fair function, I HEREBY AUTHORIZE THE YOUTH TASK FORCE ADVISOR OR CALIFORNIA STATE FAIR STAFF MEMBER, in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code section 2000 et seq.; or any X-ray examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code section 1600 et seq.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided not covered by the California State Fair Worker's Compensation Insurance.

Authorization and Consent Release

I hereby certify that my child is in good health and can travel to and participate in all functions of the Youth Task Force Program as described above. I understand that it is my responsibility to keep the information on this form updated including health history, parent/guardian status, by contacting the California State Fair Office Office.

Signature of Parent/Guardian

Date

(_____)_____
Emergency Daytime Phone

(_____)_____
Emergency Evening Phone

Mailing Address

City, State, Zip

Non-Consent

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

**California State Fair Youth Task Force Program
Health History Information
Confidential**

_____	_____	_____
First Name	Last Name	Date of Birth

Subject To:	Yes	No	Now Have or Have Had:	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has Appendix Been Removed?		
Is Eyesight Good?					
Is Hearing Good?					
Currently under any type of medical care?					
Is there any history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					

Date of last Tetanus Vaccination: _____

Please check over-the-counter medications that may be administered:

- | | | | | |
|----------------------------------|-------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Dramamine |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Polysporin | <input type="checkbox"/> Hydrocortisone | <input type="checkbox"/> Others: _____ | |

Please identify allergies including allergies to food, medications, and drug reactions.

Please list any disabilities or disorders that may affect participation at 4-H events such as: eyesight, hearing, speech, paralysis, diabetes, ulcer, etc.

Please list all current medications

Name of Medication	Dosage	Times Taken

Remarks and Special Instructions. Please explain any "yes" answers on this page.
