



Adult Volunteer Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

Questions without an asterisk on this page are OPTIONAL for adult volunteer applicants to answer. This decision to provide responses to any or all questions will not affect the review of the adult volunteer enrollment application.

*Legal Last Name

*Legal First Name

*County

*Date of Birth

Allergies

Does the participant have any allergies, including allergies to food, medications, and drug reactions? Yes No
(If Yes, provide details below):

Authorized Medications

Would you like to share any medications you are currently taking? Yes No

Provide details below and list all medications with the name, dosage, and times taken. This is optional and will not affect the approval process if no information is provided.

Name of Medication	Dosage	Times Taken

Conditions

Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being? No Yes (If yes, provide details below)

Vaccinations

Notice: California 4-H YDP encourages healthy living, including preventive health care such as immunizations from diseases as recommended by the CA Department of Public Health, <https://www.cdph.ca.gov/>, and/or the Centers for Disease Control and Prevention. CA 4-H YDP does not ask for or collect information about youth member's or adult volunteers' vaccination history or status. As such, there is a potential that unvaccinated youth or adults may participate in 4-H programs. If you are concerned about the potential exposure to diseases, such as but not limited to: measles, polio, chicken pox, or COVID-19, please consult with your physician.

For more information on childhood vaccinations, see <https://www.shotsforschool.org/k-12/>

Remarks

Are there any additional remarks and special instructions to better assist emergency service personnel?

Yes No (If Yes, Please provide details below):

If additional space is needed to answer any questions above, please use the space below to include information.



Adult Volunteer Treatment Authorization/Medical Release Form - Print all information clearly.
(COPY IS SUBMITTED TO THE 4-H CLUB/UNIT LEADER AND PAGE RETAINED BY THE COUNTY 4-H OFFICE,
SHRED AFTER THE PROGRAM YEAR)

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. You have the right to review University records containing personal information about you, with the certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu Only your own records are open to your review.

I've read, understand and agree to this statement.

***Adult Name (Print)**

***Signature of Adult**

Date