

Voluntary Adult Health Information Form

(Not For 4-H Use)

Instructions: You may choose to voluntarily provide the health information below so that it can be conveyed in the event of a medical emergency. After completing the form, please seal it in an envelope, print your name on the envelope, and give it to the K-State representative as directed. The envelope will be provided to emergency medical personnel in the event of an emergency. Otherwise, the sealed envelope will be returned to you at the end of the trip or upon your request (or after a maximum of one year, if you are an employee). ***Please Print Clearly***

Your name _____

Home address _____
(Street) (City) (State) (Zip)

Birth date _____ Social security number (required by some hospitals) _____

Who should we contact in case of emergency?

(Name) (Address) (Day phone) (Night phone)

Who is your primary care physician? _____
(Name) (Phone)

Hospital preference (if any) _____

Health insurance _____
(Company Name) (Phone) (Your Policy Number)

List any allergies to medicines, foods, insects, plants, animals, or other substances _____

List any serious medical conditions (for instance, heart condition, diabetes, asthma, high blood pressure, convulsions/seizures, cancer/leukemia, hemophilia, kidney disease, etc.) _____

List any medications you are currently taking _____

Please circle any of the following that you wear: glasses / contact lenses / hearing aid / false teeth

List any other information that might be helpful in an emergency _____

This health information was given on a voluntary basis. I (print name) _____ hereby give permission for this health information to be released to medical personnel in the event of a medical emergency. In the event that medical treatment is necessary, I hereby give my permission for the licensed healthcare practitioner in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me as needed.

(Signature) (Date)

(Some hospitals may require notarization) State of Kansas, county of _____

Signed or attested before me on (date) _____ by (name of person) _____

Notary Officer _____ My appointment expires _____