## UW-Madison Extension Adult Event Health Form

Event Name: Conferen

Dates:

2019 WI 4-H Horse Leader Conference

## Nov. 15-17, 2019

Name:			Age	:		Male	Female	
E-mail Address:								
Phone Numbers: Home () Wor	rk ( <u>)</u>		(	Cell pł	none	()	_	
Home Address:								
Street			City			State	Zip	
Emergency Contact: Relationship:								
Primary Phone Number ()						ne Number()		
Address:								
Street		City				State	Zip	
Health Conditions (check)	Yes	No	Allergies (check)	Yes	No	List specifics		
Asthma			Insect stings					
Diabetes			Foods					
Epilepsy			Medications					
Any dizziness, light-headedness or fainting associated with exercise within the past year?			Other					
Any unexplained, rapid or irregular heart beat within the payeer?	at within the past Do any allergies				require an EPIPEN Injection? No			
Is an inhaler required and carried by adult? Description of Yes No	any limita	ition,	restriction, physical	cond	ition	or accommodation:		
Medication Name	Use				Dosage			

Name of Insurance Co.:

Policy #:

## CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin–Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of my actions in the course of the event/camp.

Adult Participant Name (Please Print)



UW-MADISON EXTENSION