

Delegate's Name \_\_\_\_\_  
Last First

## UNIVERSITY HEALTH SERVICES Health Update Form

**\*\*\*FOR EVENT/CAMP USE ONLY- TO BE COMPLETED 1-2 WEEKS BEFORE CONFERENCE & PROVIDED AT CHECK-IN\*\*\***

1. Are there any changes in your child's health since the medical forms were submitted?  
 No       Yes
2. Has your child or anyone in your family been sick or exposed to any communicable disease in the past month?  
 No       Yes
3. Does your child now have any rashes or open sores?  
 No       Yes
4. Are there any changes in your child's medications?  
 No       Yes (If yes, please make changes and staff will sign)

Medication	Dose	Frequency	Staff Signature

5. Does your child have any recent injury or activity restrictions?  
 No       Yes
6. Will the custodial parent(s) or guardian be available at the number listed on the health form during the camping session?  
 No       Yes  
*If NO, list the name and phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the form.*
7. May camp health staff administer over-the-counter medications, as needed?  
 No       Yes

Information Provided by: \_\_\_\_\_  
Parent/Student/Guardian

\_\_\_\_\_  
UHS Health Staff Signature

\_\_\_\_\_  
Date:

**Parents:** please complete, sign, and send this Health Update Form with your son or daughter to Wisconsin 4-H & Youth Conference.

**Youth Delegate:** please give this completed, signed Health Update Form to University Health Services (UHS) staff at Health Check in during registration on the first day of Conference.