



Kenosha County 4-H Dog Project Emergency Health Form

Member Name: _____

Please list any health problems or medication for the member of which leaders should be aware.
All records will be kept confidential.

Please list any health problems or medication for the dog of which leaders should be aware:

My child (name) _____ has my permission to attend
Kenosha County 4-H Dog Project Events.

I understand that 4-Hers will be supervised and if serious illness or injury develops, medical and/or hospital care will be given. However, the 4-H staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.

Parent or guardian (Please print) _____

Signature of parent or guardian _____

Date: _____

Day Phone () _____

Evening Phone () _____

Hospital you would like member to go to: United Hospital System / Aurora

What vet hospital do you use? _____

Your Vet's phone # _____