

Photo of Participant



Name	
County	

## ADULT ACTIVITY AND EVENT ACCEPTANCE FORM Volunteer or Paid Staff Member

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600-A.

ame					Home Phone	()
	Last	First	Midd	fle		
ate of Birth				Sex	☐ Male ☐	Female
ome Address						
	Street	/P.O. Box		City	State	ZIP
mergency Co	ntact					
			Nan	ne		
ddress					Home Phone	( )
	Street/P.O. Box	City	State	ZIP		
elationship					Work Phone	( )
_					-	
. PUBLIC	TY RELEASE					
	the signature below, I a					
	Foundation to photogra ale or in part in any medi					

Name				
County				
III. HEALTH HIST	ORY AND MEDICA	AL RECORD		
The information on this discriminate against a Name of Physician	form will be provided to participant on the basis of	any health care providers in of any disability.	case of an emergency. The	his information will not be used to
Medical/Hospital Insurance	20			Phone ( )
wedicairriospilai ilisurario	,e	Carrier		Policy of Group #
CHECK ALL THAT	APPLY			i one, or oroup ii
Allergy to a medicine.	, food, plant, or insect toxin	. Explain		
		icillin Sulfa Drugs Tetra	cycline Aspirin	
List allergies to other drug			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		t or restriction of activities for m		
		Diabetes  Convulsions Fa	inting Spells	
5.70	es 🗌 Contact Lens 🔲 O			
2000 - Commence of the Commenc	ng medication for behavior	r modification, being taken at the	e present time?  Yes	No
If yes, explain	at-atta-			
Date of most recent exam	rent health problems?	Voc I No Hugo cyclein		
		nt history related to the following	2 (If yes, please give dates	and full datalla
is there arry disease, acc	No Yes Year	No	Yes Year	No Yes Year
Serious Illness/Injury		Appendicitis		matic Fever
Surgery		Kidney Infection	Blood	
Ears/Eyes		Back/Limbs/Joints	Stom	ach 🗆 🗆
Teeth/Tonsils				
Immunizations Tetanus	Last Yr. Given	Immunizations	Last Yr. Given	Have Had
Diphtheria	((=====================================	Measles Mumps	-	Measles
Polio		Rubella		☐ Mumps ☐ Rubella
Hepatitis (A, B or C)		Chicken Pox		
(circle one/any)				☐ Tuberculosis
IV. EMERGENCY MEI	DICAL RELEASE			
emergency may develop authorize the University of including the administration representative(s) or agen	that necessitates the admi of Tennessee, Tennessee S on of anesthetics and surgo t(s) to provide this medical	State University, and its represe ery. I further give permission to history form to health care pers	italization or surgery. In the e intative(s) or agents(s) to see the University of Tennessee sonnel. I authorize my physic	event of illness or injury. I hereby
I recognize that the event medical costs incurred for		s or accident insurance coverag	e for participants. I accept re	sponsibility for payments of those
I have read this Release behalf.	and Assumption of Risk Aç	greement and signed it on behal	lf of myself, my heirs, assign	s and anyone entitled to act upon my
* Signed			Í.	Date
		r or Paid Staff Member's Signature		Month/Day/Year
"If for any reason you do	not sign this, you must cor	nplete and sign Form 600-C.		

F600B (Rev) 02/14

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.

University of Tennessee Institute of Agriculture, U.S. Department of Agriculture and county governments cooperating.

UT Extension provides equal opportunities in programs and employment.