

# health & medical information

List any and all conditions our nurse or staff should know. This information will be kept confidential and used only for the welfare of the participant. Attach additional sheet if necessary.

## EMERGENCY PHONE NUMBERS

Contact name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Agent's phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Family doctor: \_\_\_\_\_

Doctor's phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Names(s) of medications currently taking (if any): \_\_\_\_\_

Known allergies (if any): \_\_\_\_\_

Existing medical conditions (if any): \_\_\_\_\_

Last tetanus immunization date: \_\_\_\_\_

Special medical treatment instructions (if any): \_\_\_\_\_

I understand that if a serious illness or injury develops, medical or hospital care will be sought for my child. I understand that Ohio Farm Bureau employees, their contract staff members and members of the State Youth Committee are not responsible in case of accidental injury or illness and hereby specifically release them from any legal liability. I further understand that in the case of serious injury or illness I will be notified; but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I also hereby give permission to Ohio Farm Bureau to use photographic or video images of my child for youth program promotional purposes.

Signature of Parent: \_\_\_\_\_

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

# Sign Up Today



## JR. HIGH QUEST

*Ages 12-14 (may attend 2 times)*

*July 18-20*

Ohio Dominican University  
Columbus, Ohio

Registration deadline: July 1

Cost is \$150/person



*Ages 14-18 (may attend 4 times)*

*June 13-18*

Ohio Dominican University  
Columbus, Ohio

Registration deadline: June 1

Cost is \$250/person

imagine  
the  
leader  
in YOU

A program of Ohio Farm Bureau Federation  
[www.ofbf.org](http://www.ofbf.org)

The Ohio Farm Bureau Federation has more than 235,000 member families working to make Ohio a better place to live, work and raise a family. For more information, or to join us in our efforts, go to [GrowWithFB.org](http://GrowWithFB.org) or call 888-GrowWithFB.

*A Leadership Buffet Experience*

AGES 12-14



## JR. HIGH QUEST

Life as an early teen is about growing, dreaming and discovering your place in this world. Join us at Quest this summer and explore your leadership potential. Make new friends and participate in hands-on workshops designed to bring out the hidden leader in you.

### Gain confidence and grow your leadership potential by learning important skills like:

- Friendship building
- Making good choices
- Reaching out to others
- Understanding siblings and family
- Dealing with stress and issues important to young teens

**Ages 12-14**  
**(may attend 2 times)**  
**July 18-20**

Ohio Dominican University  
Columbus, Ohio  
**Registration deadline: July 1**  
Cost is \$150/person

AGES 14-18



What are your hidden talents and leadership skills? What abilities can you grow to prepare you to be a leader now and in the future?

Higher Ground helps you take your creativity, leadership and teambuilding skills to a whole new level!

- Each year, our program is different. You'll develop a new set of leadership skills. This year's skills are:

*Goal setting | Walking your talk  
Time management Conflict management  
Persuasion/Influencing others*

- Participate in activities and workshops to sharpen your leadership skills, to give you an edge on teamwork and to discover and to learn new skills to help you succeed in life after high school.

**Ages 14-18**  
**(may attend 4 times)**  
**June 13-18**

Ohio Dominican University  
Columbus, Ohio  
**Registration deadline: June 1**  
Cost is \$250/person

# registration

Send completed registration to your county Farm Bureau office.

### REGISTER ME FOR:

Quest  Higher Ground

First & Last Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Region:  NE  NW  SE  SW

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Male  Female Age: \_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade completed (as of June of the current year)

5  6  7  8  9  10  11  12

T-shirt size (adult sizes only):

S  M  L  XL  2XL

E-mail address: \_\_\_\_\_  Student  Family

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Father's OR Primary guardian's contact numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Mother's OR Primary guardian's contact numbers:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

**IMPORTANT!**  
**FULLY COMPLETE MEDICAL**  
**FORM ON REVERSE SIDE!**