

Family will login to their Family Profile to update a Health Form or to complete the online Health Form.

- ✿ Need Family Email associated with enrollment. *Contact the Extension office if you can't remember the email address on your Family Profile/account.*
- ✿ Must have Family Password associated with enrollment. *Can't remember your Password? Click on the button "I forgot my Password" at <https://ok.4honline.com/>.*

1. Login to Family Profile and click the orange "Continue to Family" button.
2. From the "Member List" page, scroll to the box "Member/Volunteer List". Click "Edit" next to the member's name.

Name	Role	Membership ID	Enrollment Status	Last Active Year	Edit
1) Ops Campbell-Taylor	Youth	1626102	Active	2018-2019	Edit
2) Andy Taylor	Adult	1347190	Active	2018-2019	Edit
3) Ops Taylor	Youth	1346610	Active	2018-2019	Edit

3. Click on the "Health form" on the orange line at the top of the page.

4. If online management of a health form is required for an activity/event/enrollment, then the first button **must be marked**

Medical Form - Family management choice

4HOnline Health Form - The family has chosen to manage and update this member's Health Form through 4HOnline. The form will be completed below

5. **Update the field with the date** medical information entered/reviewed/updated by the family. *If the "date" does not reflect a current date, event registration will not be approved.*

FAMILY: Most RECENT Date Medical info. Entered/Reviewed/Updated by Family:

10/ 18/ 2018

6. Below the header "HEALTH FORM," carefully proceed filling in or updating all applicable information. **BE THOUROUGH, it is your health form.**

7. Under the header "Health Information Management/Authorization – REQUIRED" click the first button

Health Information Management

Accept - I understand it is my responsibility to keep all information current on this Electronic Health Form. I authorize the use of the medical information to be provided to any health care provider in the event of an injury/illness.

“Accept.” This notes “you” are responsible for the information provided.

8. Make sure all electronic signatures are up to date. *The Electronic signature must be submitted by a parent/legal guardian. It is illegal for anyone else to enter the electronic signature in the text box.*

9. Click the “Continue” button to SAVE the changes.

TO PRINT A COPY OF THE HEALTH FORM

1. Click “Home” at the top of the screen.
2. Click the orange “Continue to Family” button.
3. From the “Member List” page, scroll to the bottom. Locate the gray box titled “Member Reports.”
4. From the “Member” drop down, select a person.
5. From the “Report” drop down, select Member – Health Form.
6. The form will down load as a PDF document. Open and print and/or save.

Member - Health Form 4-H Year: 2018-2019

4Honline ataylor@4honline.com

Taylor, Opie **Training**

Name		County	Family Email	
First Name	Opie		Middle Name	
Last Name	Taylor		Mailing Address	101 Maple Ln
City	Norman		State	OK
Zip Code	73069-5927		Birth Date	11/27/2003
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Primary Phone	123-963-7532
Cell Phone	123-963-7532		Grade	09

Parent / Guardian 1

First Name	Andy	Last Name	Taylor
Cell Phone	123-963-7532	Work Phone	654-987-9632

Parent / Guardian 2

First Name		Last Name	
Cell Phone		Work Phone	