

Information about Wisconsin 4-H: [4h.uwex.edu](http://4h.uwex.edu)

For assistance with 4HOnline or the enrollment process, contact your local UW-Extension staff.

**Important note!!**

If you attempt to create a profile, and 4HOnline indicates that your email address is already on file, please DO NOT create a new profile for your family with a different email address. Instead, either use the "forgot my password" option below or contact your county UW-Extension office to have your password reset.

**If you are experiencing issues with 4HOnline and you are using Internet Explorer,** you must use a different web browser. Click on one of the following:

[Firefox from Mozilla](#)

[Chrome from Google](#)

**1. Enter E-Mail and Password**

Enter your e-mail and password from when you first created an account. If you have forgotten your password, click the bubble "I forgot my password," enter your e-mail, and click "Send My Password". You will then be sent a temporary password to reset it. If you have forgotten which e-mail you use to log in or are having trouble, contact the Extension Office at 715-346-1462.

I have a profile  
 I need to setup a profile  
 I forgot my password

Email:

Password:

Role:

**2. Click Login**  
Left-click "Login" to access the family home screen.

Login





Logged in as Leader

Change Password

My Meetings

Announcements & Newsletters

User Roles  
Apr 30, 2014 Z-Train County

**Continue to Family** ▶

**2. Continue to Family**  
Left-click "Continue to Family" to see your member list.

Club Leader Login

Select a profile ... No items available Password: Login to Club

Project Leader Login

Select a profile ... Password: Login to Project

If your enrollment status is **Inactive or Incomplete**, click the **Edit** button to review and submit your record for approval.

If your enrollment status is **Pending**, your record is complete and waiting for county office approval.

**Leader Family** [Edit Family](#)

123 Any Street  
Madison, WI 53703  
608-123-4567  
[4hplus.help@ces.uwex.edu](mailto:4hplus.help@ces.uwex.edu)  
Z-Train County [\[contact info\]](#)

**Add A New Family Member**

select a member type...  
[Add Member](#)

Member/Volunteer List						
	Name	Role	Membership ID	Enrollment Status	Last Active Year	Edit
1)	Chilton Chickens Leader	Adult	563907	Active	2015-2016	<a href="#">Edit</a>
✓ Volunteer Screening		Approved (2013-2014)				
2)	Fruits Leader	Adult	565416	Active	2015-2016	<a href="#">Edit</a>
✓ Volunteer Screening		Approved (2013-2014): No Restrictions				
3)	Garfield Gaggle Leader	Adult	563982	Inactive	2013-2014	<a href="#">Edit</a>
4)	Jim Bob Leader	Adult		Inactive		<a href="#">Edit</a>
5)	Test Leader	Adult		Pending		<a href="#">Edit</a>
☐ Volunteer Screening		Pending (2015-2016): <a href="#">View</a>				

**Member Reports**

Member:

Report:

**Register A Member In An Event**

Member:

Event:

**1. Edit**  
Left-click the "Edit" button across from the member for whom you are updating the Health Form.



Logged in as Leader: Chilton Chickens

Home | My Member List

Enrollment Member Settings Trainings



**1. Health Form**  
Left-click the "Health Form" button on the progress bar to jump straight to your health form.

### Adult Personal Information

**Please note:**

Information on this page should be as specific to the individual as possible and where applicable (including email address and cell phone number). Otherwise, the parent's information is requested.

Second household mailing title refers to the last name you would want to appear on mailing labels - "The Johnson Family" for example.

Make sure to complete the emergency contact section that follows the second household information. This is primary emergency contact information.

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#### Profile Information

Required Fields

Email:	<input type="text" value="4hplus_help@ces.uwex.edu"/>	joe@4honline.com
* First Name:	<input type="text" value="Chilton Chickens"/>	
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Leader"/>	
* Mailing Address:	<input type="text" value="123 Any Street"/>	
* City:	<input type="text" value="Madison"/>	
* State:	<input type="text" value="Wisconsin"/>	
* Zip Code:	<input type="text" value="53703"/>	12345
* Gender:	<input type="text" value="Female"/>	
* Primary Phone:	<input type="text" value="608-123-4567"/>	555-555-1234
Correspondence Preference:	<input type="text" value="Email"/>	



Logged in as Leader: Practice

Home | My Member List

Enrollment Member Settings Trainings



### Health Form

Please note: This form is not required at the time of enrollment, but you may be asked to fill it out when registering for certain events/camps/programs.

Your Age:  X

#### Emergency Contact

Name:

Relationship:

Primary Phone Number:  555-555-1234

Secondary Phone Number:  555-555-1234

Street Address:

City:

State:

Zip:  12345

#### Health Conditions

Do you have any of the following conditions?

Asthma:

Diabetes:

Epilepsy:

Any dizziness, light-headedness or fainting associated with exercise within the past year:

**1. Health Form**  
Left-click the fields to enter new or updated information.  
  
Any field that says "Select an item ..." needs to be filled in with a "Yes" or "No" for the health form to be considered complete.

**2. Scroll Bar**  
Left-click and hold the scroll bar or use a mouse wheel to fill out the bottom sections of this screen.

#1 Dosage (mg):

#2 Medication

#2 Name of Medication:

#2 Reason:

#2 Dosage (mg):

#3 Medication

#3 Name of Medication:

#3 Reason:

#3 Dosage (mg):

#4 Medication

#4 Name of Medication:

#4 Reason:

#4 Dosage (mg):

**Consent for Medication Administration and Medical Treatment**

By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the event/camp/program activity.
- I attest that all information on this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Extension, their officers, agents and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of my actions in the course of the event/camp/program.

Sign by typing your name.:

Date:   mm/dd/yyyy

<< Previous **Continue >>**

**2. Date**  
If you have made updates to the health form, left-click the field and enter the current date in **mm/dd/yyyy** format. You can also left-click the calendar icon and select today's date on the window that appears.

**3. Continue:** Left-click "Continue >>" to save your changes. Your health form is now up to date!

**1. Signature**  
If you have filled out the health form for the first time, left-click the blank field and type your **legal name**. If you are completing a youth's health form for the first time, you will also have to type their name in a box that will appear below.