

ORANGE COUNTY 4-H MEDICAL RELEASE FORM

If medical care is required for _____ (name of 4-H member) in conjunction with any 4-H activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. If I (parent or guardian) am not available I accept that the above named member will be given appropriate medical care.

Name of 4-H Club that member is enrolled in: _____

Signed (Parent or Guardian) _____ Date _____

Address _____

Telephone - Home _____ Work _____

If parent or guardian is unavailable please contact:

Name _____ Phone _____

Family Physician: _____ Phone: _____

My child is allergic to _____

My child is taking the following medication(s): _____

Other medical concerns _____

Child's Date of Birth _____ Age _____

Medical Insurance Company: _____

Policy Number(s): _____ Name of Subscriber: _____

Note: As a member of the Cornell Cooperative Extension Orange County 4-H program, limited accident insurance may be available.

Special Instructions: *As a parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.*

Other: _____

Other Instructions:

- 1. The Medical Release should be signed yearly*
- 2. We recommend that you check the form with your local Emergency Room for their information. Emergency Rooms that require legal authority for treatment in the absence of parents or guardians will be of assistance in helping you obtain necessary authorization.*