

4-H MEDICAL RELEASE FOR NC 4-H SPONSORED EVENTS

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL REGISTRATION FOR THE 4-H SPONSORED EVENT BEING ATTENDED.

THIS RELEASE is entered on the date hereinafter mentioned by and between the State of North Carolina through the Department of 4-H Youth Development, North Carolina Cooperative Extension Service, College of Agriculture and Life Sciences, North Carolina State University and the parties, their names described hereinafter:

Medical Information

Known allergies to foods, drugs, insect stings or bites, etc. _____

Special medical concerns or conditions that event supervisors should know about, including epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: _____

Medications currently being taken (dose and frequency): _____

Family Physician:

Name _____ Phone # (____) _____
Address _____

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family's insurance company.

Hospitalization Insurance Company _____
Hospitalization Insurance Policy _____
Company Address _____
Phone Number (____) _____

6. List special dietary needs: _____

Medical Release

On rare occasions, an emergency requiring hospitalization and/or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parents or legal guardians immediately, the parent/guardian is asked to sign the release form below.

In the event of injury or illness to my son/daughter/ward, (name) _____,
born (date) _____, I hereby authorize the 4-H representative to secure whatever treatment is
deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

Parent's/Guardian's signature _____

Date _____

Participant's Signature: _____ Date: _____

Parent (s)/Guardian (s) may be reached at: Home _____ Work _____