



**STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS
MEDICAL RELEASE FORM**
(To be completed by parent)

Participant's Name: _____ Date of Birth: _____
Month/Day/Year

Destination Country: _____ Participant's Home State: _____

I hereby authorize the representatives of the States' 4-H International Exchange Programs, the International Programs Committee, partnering organization abroad, Carlson WagonLit Travel (CWT), WorldWide Exchange Services or the parents of the family assigned as hosts for my child, to make arrangements for my child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare, while participating in this program.

Signature of Parent of Guardian: _____ Date (Month/Day/Year)

In case of emergency notify: Name _____ Telephone: _____

Relationship to participant: Parent Guardian Other

Alternate emergency contact: Name _____ Telephone: _____

Family physician or clinic: _____ Telephone: _____