



### King County 4-H Emergency Medical Release

WSU Extension, King County 4-H  
900 Oaksdale Ave SW. Suite 150 Renton WA 98057-5212  
206-205 -3152 <http://www.King.wsu.edu>

Member Code \_\_\_\_\_  
(To be completed by Club Leader)

As parent/legal guardian of the 4-H member below, I give my consent for the 4-H member to participate in 4-H sponsored activities.

In an emergency requiring medical attention, or a situation believed by Washington State University/King County 4-H staff to be an emergency; I authorize WSU/King County 4-H staff and its authorized agents to obtain medical care for my child. I will be responsible for any expenses incurred in so doing, including but not limited to, care by health care professionals, hospital care (including surgery), and ambulance services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors, and administrators may have or accrue against Washington State University Extension, their representatives, agents, and accompanying 4-H program leaders arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

<i>Name of 4-H Member</i>		<i>Date of Birth</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Parent/Guardian</i>			
<i>Home Phone (including area code)</i>		<i>Work Phone (including area code)</i>	
<i>4-H Club Name</i>		<i>Parent's E-mail</i>	
<i>Name of Primary Doctor</i>	<i>Phone</i>	<i>Name of Dentist</i>	<i>Phone</i>

This 4-H member is covered by family medical and/or hospital insurance  Yes  No

<i>Name of Medical Insurance Carrier</i>	<i>Policy Number</i>
<i>Subscriber</i>	<i>Insurance Company Phone Number</i>
<i>Name of another emergency contact</i>	<i>Emergency Telephone Number</i>
<i>Relationship to 4-H Member</i>	
<i>Parent/Guardian Signature</i>	<i>Date</i>

**This form must be with Main Club Leader or Designee at all 4-H functions.  
This form must be completed by all 4-H members.**