



4-H MEMBER MEDICAL CONSENT AND RELEASE FORM
(This form is to be completed by each member and kept on file by the Club Leader ••. **Do not return it to the Extension Office.** If the member's information changes, then an updated form needs to be filled out.)

MEMBER CODE: _____ (To be completed by Club Leader)

Name of 4-H Member:	
Emergency Telephone Number:	
Name of Doctor:	Telephone Number:
Allergies:	
Current medications:	

As parent/legal guardian of the above individual, I permit the individual to participate in 4-H Youth Development Program sponsored activities.

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, Kitsap County Extension, their representatives, agents and accompanying 4-H leaders, arising from any injuries, physical or mental, suffered in connection with 4-H Youth Development Program sponsored activities during the periods of October 1 through September 30 of current year.

I also approve of emergency care (including hospitalization and surgery) for the above individual, under the direction of the event leader or consulting doctor, even if I cannot be contacted. I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Parent/Guardian Signature:	Date:
Home Phone:	Work Phone:
4-H Club Name: Flaming Arrows 4-H Club # 207	
Name of Medical Insurance Carrier:	
Medical Insurance Identification Number:	