

# MEDICAL RELEASE FORM

## Snohomish County 4-H Horse Exhibitors

This form must be completed and submitted for each exhibitor to participate in Fair.

Name \_\_\_\_\_ e-mail address and phone number \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade just completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Club Name \_\_\_\_\_ Leader/ Phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

## Medical Authorization

I, the undersigned being the parent(s) or legal guardian(s) of the above named minor, know that I may not be available to authorize medical, dental, surgical care and hospitalization for said minor child. I understand that should a medical emergency arise, I will be notified. However, if I cannot be reached by telephone, such treatment as deemed necessary by competent medical personnel could be rendered. I understand that this form is in effect from the date signed and furthermore that it is my responsibility to notify the Snohomish County 4-H Horse Program regarding any changes of the information contained on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent / Guardian \_\_\_\_\_ Phone number \_\_\_\_\_

List all regular Medications \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Name of Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_