MEDICAL RELEASE FORM

Snohomish County 4-H Horse Exhibiters

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_____