

**Washington State University
Grays Harbor County 4-H Youth Development Program
Emergency Medical Release October 1, 2009 – September 30, 2010**

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including 4-H staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency 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, and ambulance or other 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.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the staff of 4-H Youth Development Programs from decisions to seek emergency treatment.

Please complete the following:

Student Participant: _____

Date of Birth: _____

Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ E-mail: _____

Health-Care Providers:

Name of participant's primary doctor(s): _____

Phone: () _____ - _____

Name of dentist(s): _____

Phone: () _____ - _____

Name of orthodontist(s): _____

Phone: () _____ - _____

Additional health care provider(s) name(s) and contact numbers:

Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance Yes No

Primary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Co. Phone Number () _____ - _____

Secondary Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Co. Phone Number () _____ - _____

Name of another person to contact in case of emergency if you are not available:

Phone: () _____ - _____ E-mail: _____

Relationship to participant: _____

I voluntarily sign this authorization in consideration for permission for my child to participate in ***4-H Youth Development Programs***. I have read it, and I understand its content and significance.

Signature of Parent/Guardian
(For participant less than 18 years of age)

Date

Signature of Participant
(For participant 18 years of age or older)

Date