

**Note to 4-H Club Leader: This form to be retained and filed confidentially with your 4-H Club Leader Files**

**Washington State University  
Thurston County 4-H Club Participation  
Emergency Medical Release  
For the 4-H Year of October 1, 2011-September 30, 2012**

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including *Thurston County 4-H Club* 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 the *Thurston County 4-H Club* 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 Company Phone Number (\_\_\_\_) \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company 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 *Thurston County 4-H Club activities*. 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