

Georgia 4-H Medical Information & Release Form
This form should be completed prior to each 4-H event.

EVENT: _____ Date(s) of EVENT: _____

4-H'ers Information

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Describe any recent illness or injury

Describe any preexisting conditions:

Describe any other circumstances that would help leaders or medical professionals in working with the 4-H'er:

PARENT/GUARDIAN AGREEMENT:

I understand that should a health problem arise, I will be notified but that if I cannot be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes. Furthermore, I am aware that participation in 4-H representative of my child, arising from or in any way

dated above I will not sue the Institution, the Board of Regents of the University System of Georgia, or its representatives for damages arising or growing out of my child's participating in the program. I hereby certify that my child is participating in 4-H with my knowledge and consent. I understand that my child's name, likeness, and voice to be recorded in any media during this program and to be used in any publications, media, or technology now known or hereafter developed by the University System of Georgia. I understand that I will not be compensated further for use of these recordings.
