

Please Note: Do not return this to the 4-H office.
It is meant for the club leader to have on hand for any club meetings or activities.

Code 1501
Attachment
IV
5/99

Cornell Cooperative Extension
Permission Slip and Medical Release Form

Please Print:
Childs' Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

Activity _____ Date(s) _____ Location(s) _____

Activity Director _____

Medical History

Check any and al that apply to your child:

Illnesses

Ear Infections _____
Rheumatic Fever _____
Convulsions _____
Diabetes _____
Other (specify) _____

Date of Last Tetanus Booster _____

Allergies

Hay Fever _____
Insect Stings _____
Ivy Poisonings _____
Penicillin _____
Other (specify) _____

Current prescribe medication (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or their information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy# _____

Family Physician's Name and Phone Number _____

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the locations(s) indicated above. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking .

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____
Parent or Guardian

Cornell Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.