

**Washington State University-Extension Spokane County 4-H
Emergency Medical Release**

➔ Dog Shows 1, 2, 3 & 4 ←

In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including staff and volunteers to be an emergency; I authorize WSU and its authorized agents including the 4-H volunteers in the _____ to obtain emergency medical care for my child. I will be

(club name)

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 above named 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 Co. Phone Number () _____

Secondary Insurance Company _____ Policy Number _____

Subscriber Name _____ 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 _____ 4-H Club activities, events, programs, and competitions. I have read it, and

(club name)

I understand its content and significance.

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

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

Persons with a disability requiring special accommodation while participating in this program may call WSU Extension at 509-477-2048. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site. Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.