

# Medical Release Form for 4-H Youth & Adults

## PARTICIPANT INFORMATION:

Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent or Legal Guardian: (YOUTH ONLY): \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

## IN CASE OF EMERGENCY:

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Carrier: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Date of Last:

Tetanus Shot: \_\_\_\_\_ Polio Shot: \_\_\_\_\_ Mumps Shot: \_\_\_\_\_ Measles Shot: \_\_\_\_\_ Rubella Shot: \_\_\_\_\_

## Medical Information: (check all that apply and explain if necessary)

- |   |   |
|---|---|
| <input type="checkbox"/> Stomach or Intestinal problems                           | <input type="checkbox"/> Any allergies to food or plants  |
| <input type="checkbox"/> Diabetes or hypoglycemia (low blood sugar)               | <input type="checkbox"/> Special diet or food restrictions  |
| <input type="checkbox"/> Nervous disorder (convulsions, epilepsy, dizziness, ect) | <input type="checkbox"/> Are you currently under a doctor's care?   |
| <input type="checkbox"/> Respiratory problems                                     | <input type="checkbox"/> Are you currently taking medications?  |
| <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Are there any physical restrictions or medical problems that may require special considerations? |
| <input type="checkbox"/> Any allergies to medication                              |   |

## AUTHORIZATION FOR TREATMENT (YOUTH ONLY)

I, \_\_\_\_\_ do hereby give permission to \_\_\_\_\_

PARENT/GUARDIAN Name

CHAPERONE Name

to seek and obtain any medical care necessary for my child \_\_\_\_\_

YOUTH Participant Name

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ALL PARTICIPANTS

To the Best of my knowledge, accurate information has been provided in all areas of this form.

Participant Signature (youth/ adult) \_\_\_\_\_ Date \_\_\_\_\_

IF YOUTH: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**MONTANA**  
STATE UNIVERSITY

EXTENSION



Montana 4-H Center  
FOR YOUTH DEVELOPMENT

The Montana State University Extension Service is an ADA/EO/AA/Veteran's Preference Employer and Provider of Educational Outreach.