



MEDICAL RELEASE FORM



I hereby give permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of accident, injury, sickness, etc., while they are under care of the 4-H Food's Project Leader, until such time as I may be contacted. In the event of any serious incident the MSU police will be contacted.

If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required and determined by the appropriate health care professional who is present.

This release is effective from (date) _____ to _____.

MEDICAL/HEALTH HISTORY INFORMATION

Known allergies or medical conditions of child: _____

Current medications: _____

Other information: _____

CHILD RELEASE PERMISSION

Please list the person(s) who have permission to pick up your child after 4-H Food's Project:

AUTHORIZATION AND CONSENT

Name(s) of parent/legal guardian: _____

Phone (H): _____ (W): _____ (Cell): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____
