



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS MEDICAL RELEASE FORM

(To be completed by parent)

Delegate's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Destination Country: \_\_\_\_\_ Delegate's Home State: \_\_\_\_\_

I hereby authorize the representatives of the States' 4-H International Exchange Programs (S4-H), the S4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my child, to make arrangements for my child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare, while participating in this program.

\_\_\_\_\_  
Signature of Parent of Guardian: \_\_\_\_\_ Date (Month/Day/Year)

In case of emergency notify: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to participant:  Parent  Guardian  Other

Alternate emergency contact: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Family physician or clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_