Cornell Cooperative Extension of Rensselaer County

4-H Volunteer Medical Release Form

Please Print:

Chaperone's Name_____

Address_____

In case of emergency, contact_____Phone_____

Activity_____Date(s)_____Location(s)_____

Activity Director_____

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program_____

Identification/Policy # _____

Family Physician's Name and Phone Number_____

I give my permission to be medically treated, as appropriate, in the event of an emergency or illness.

Signature of Chaperone_____ Date_____