Cornell Cooperative Extension of Rensselaer County 4-H Volunteer Medical Release Form

Please Print: Chaperone's Name		
Address		
In case of emergency, contact		
Activity	Date(s)	Location(s)
Activity Director		
,		
<u>Family</u>	Medical and Hospit	talization 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