Cornell Cooperative Extension of Franklin County

Permission Slip and Medical Release Form

Please Print:

Name_____ Date of Birth_____

Address_____

Parent/Guardian_____Phone_____

In case of emergency, contact_____Phone_____

Activity 4-H Events Date(s) 10/2026- 9/2027 Location(s) Franklin County

Activity Director Frankin County 4-H Staff

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster_____

Illnesses

- ☐ Ear Infections
- ☐ Rheumatic Fever
- ☐ Convulsions
- ☐ Diabetes
- ☐ Other (specify) _____

Allergies

- ☐ Hay Fever
- ☐ Insect Stings
- ☐ Ivy Poisonings
- ☐ Penicillin
- ☐ Food _____
- ☐ Other (specify) _____

Current prescribed medication (specify)_____

On a separate sheet of paper, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program_____

Identification/Policy # _____

Family Physician's Name and Phone Number_____

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.

I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature_____Date_____

Parent or Guardian