



4-H CAMP Due in Extension Office by May 31, 2019 STATEMENT OF UNDERSTANDING

This is to certify that I, _____, as parent of _____, do hereby give my full permission and consent for the above named child to attend and participate in the 4-H activity listed above. I also give consent for said child to be under the disciplinary control of the chaperoning educator or volunteer.

I understand that every precaution will be taken to safeguard the health and welfare of all who attend, however, in consideration of allowing said child to attend and participate in this activity, I as parent or legal guardian of the individual, do hereby release all other participants, sponsors, and volunteers for any claim for injury sustained to person or property by said individual.

This is to certify that I as parent or legal guardian do authorize and direct the chaperoning educator or volunteer to cause medical treatment considered necessary to be given to said child while on the above listed 4-H activity. I hereby authorize the chaperoning educator/volunteer to incur expenses considered necessary and I agree to pay for them, if this is not covered by an accident or sickness insurance policy.

Signature _____ Date _____

(parent or person having legal custody)

Phone (____) _____ Address _____

City _____ State _____ Zip Code _____

Family Medical Insurance Company _____ Policy # _____

TREATMENT INFORMATION

Child's Birth Date _____ Gender _____ Allergies _____

Family Doctor _____ Phone _____

Date of Child's last Tetanus Shot _____

Child's Medical History (diabetes, asthma, etc.) _____

Does camper have allergies or is on any medication? _____

4-H'ers will be insured by American Income Life Insurance Company for up to \$3,000 medical or surgical treatment for accidents, up to \$500 for dental expense, and up to \$1,000 medical and hospital expense for illness having its inception on day or days that policy is in force.

Subscribed and sworn before me this _____ day of _____, 2019.

My Commission Expires _____.

Commission #: _____ Notary Public

____ Yes, I plan to attend 4-H Camp @ NW Baptist Assembly Campgrounds near Vici, June 17-19, 2019.

____ I have enclosed my **\$30** check payable to Beaver County 4-H PAID by MAY 31.

____ I have enclosed my **\$50** check payable to Beaver County 4-H AFTER May 31.

T-Shirt Size _____