**Form SS - A Completed Copy Must Accompany Each 4-H Youth’s Registration**

# King County 4-H Feb 4, 2017 Super Saturday - Emergency Medical Release

•In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents, including Super Saturday staff, to be an emergency, I authorize WSU and its authorized agents to obtain emergency medical care for my child.

•I will be responsible for any expenses incurred in so doing including, but not limited to, care by health care

professionals, hospital care, and ambulance, or other services.

•In addition, the health care provider has permission to obtain a copy of my child’s health record from providers who

treat my child and these providers may talk with the program’s staff about my child’s health status.

# •I hold harmless and agree to indemnify Washington State University, its authorized agents and employees, and the staff of Super Saturday from decisions to seek emergency treatment.

**Please complete the following:**

Student Participant: Date of Birth:

Parent or Guardian: Address: City: State: Zip: \_

Phone: ( ) E-mail:

**Contact Information for Parent/Guardian during Super Saturday**

Name of Parent/Guardian Phone ( )

# Health-Care Providers:

Name of participant’s primary doctor(s): Phone: ( )

Name of dentist(s): Phone: ( ) Name of orthodontist(s): Phone: ( )

**Allergies:**

# Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance: Yes No

Primary Insurance Company Policy Number Subscriber Insurance Company Phone Number (\_ )

Secondary Insurance Company Policy Number Subscriber Insurance Company Phone Number ( )

Name of another person to contact in case of emergency if you are not available:

Phone: ( ) E-mail: Relationship to participant:

I voluntarily sign this authorization in consideration for permission for my child to participate in the  ***King County***

***4-H Super Saturday***. I have read and I understand its content and significance.

Signature of Parent/Guardian Date

(For participant less than 18 years of age)

Signature of Participant Date

(For participant 18 years of age or older)

**Release forms will be kept in a sealed envelope which will be opened only if access to a form becomes necessary.**