

# Authorization for Medical Care

This authorization covers \_\_\_\_\_ during his/her travel to and participation in the SOUTHEAST DISTRICT 9 4-H HORSE SHOW. This activity covers the period June 17-19, 2008.

I, the undersigned parent/legal guardian of the above mentioned 4-H member, authorize said child's participation in the Southeast District 9 4-H Horse Show. It is my understanding that participation in the activities that make up the Southeast District 9 4-H Horse Show is not without some inherent risk of injury. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by American Income Life, if any, will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give my permission for any emergency medical care or treatment by a physician, hospital, or medical care facility that may be required, and accept responsibility for cost. In case of sudden illness or accident to the above named participant requiring immediate treatment or surgery while en route to this activity, while there as a participant, and/or while returning from the event, I authorize Texas Cooperative Extension personnel serving as chaperon(s) to take such action as seems appropriate to protect the health and physical well-being of the participant. This authority extends to any physician or surgeon selected by the chaperon(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant. The following information is provided as an aid to the chaperon(s) in dealing with the well-being of the named person.

The participant has the following health conditions (include such things as disabilities (special needs), diabetes, asthma, allergies, and medications needed):

---

---

---

---

Name of Primary Insurance Company: \_\_\_\_\_

Policy Number of Primary Insurance: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

The following are means of contacting a family member of this participant:

1. Telephone contact for a parent or guardian:

Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_

2. Telephone contact for a neighbor or relative who could locate the participant's parents or guardian:

Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian