

**AUTHORIZATION FOR MEDICAL CARE**  
**(Each 4-H'er to Bring Completed Form to Event)**

This is for \_\_\_\_\_ (a minor) during his/her travel and participation relative to the trip to the 2011 YES Camp in Palestine on November 11-12, 2011.

In case of sudden illness or accident to the above-named person requiring immediate treatment or surgery while en route to the camp, while there as a participant, and/or while returning from the camp, I authorize the Texas AgriLife Extension Service (either professional or volunteer) 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 to perform whatever medical or surgical procedure is necessary to preserve the life or well being of the above-named participant.

I further state that the above-named minor is in good health and requires no special care or medication except as listed below:

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Date \_\_\_\_\_ Parent / Guardian Signature \_\_\_\_\_

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

1. Phone contact for the following parent or guardian:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business / Cell Phone: \_\_\_\_\_

2. Phone contact for neighbor or relative:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business / Cell Phone: \_\_\_\_\_