

**JR. HIGH LEADERSHIP LAB MINOR LIABILITY  
AND MEDICAL RELEASE FORM**

I, the undersigned parent of a minor child named \_\_\_\_\_, do hereby grant consent for the said minor child to participate in the Jr. High Leadership Lab sponsored activities. I further hold blameless all officials of the activities, including employees/representatives of the Texas AgriLife Extension Service, the Texas A&M University System, the Texas 4-H Youth Development Foundation, and the 4-H leaders, individually and collectively, for any loss or damage incurred while the above named minor child is a participant in any 4-H Club activity or en route to or from any 4-H activity including traveling with the group or sponsor to perform or participate in the activity.

I give permission for extension staff or volunteer leaders to administer over the counter medications as deemed necessary for the above named child. I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost. In case of sudden illness or accident to the above mentioned 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 AgriLife Extension Service personnel or other 4-H leaders serving as chaperone(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 chaperone(s) to perform medical or surgical procedures necessary to preserve the life or well-being of the above named participant.

I further extend permission to leaders of the activity to discipline the above named minor child in a manner fitting the occasion with the understanding that, should the need arise, the child will be sent home in the event of a major rules/safety infraction.

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

Having read the above, I hereby affix my signature in agreement.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date