

**AUTHORIZATION FOR MEDICAL CARE**

This authorization is for \_\_\_\_\_ (a minor) during his/her travel and participation relative to the Texas 4-H Calf Roping School. It covers the period of June 15-19, 2014. In case of sudden illness or accident to the above named person requiring immediate treatment or surgery while enroute to the School, during the school as a participant, and/or while returning from the event, I authorize the Texas Agricultural 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.

Signature of Parent or Guardian

Date

\_\_\_\_\_

I further grant approval for the above named minor to participate in all activities conducted during the Texas 4-H Roping School. I further state that the above named minor is in good health and requires no special care or medication except as listed below.

Signature of Parent or Guardian

Date

\_\_\_\_\_

**Does the above Named Minor Require Care or Medication?**

If so, please list:

Is special medication(s) being sent with minor in quantity to meet his/her needs during the period of June 15-19, 2014?

Yes \_\_\_\_\_ No \_\_\_\_\_ None Needed