**Parent Authorization**

I understand health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided, and I will be notified as soon as possible. I will not hold liable the Arkansas Governor’s Quiz Bowl Association or its Board members, or C. A. Vines Arkansas 4-H Center or its employees for any injury received by my child while he/she is being transported or is engaged in any activity. I understand and accept the above statement and further authorize each of the following:

 1. The health history form is correct and my child has permission to engage in all program activities except as noted.

2. I understand that my child is responsible for taking his/her own prescribed medication.

3. I do hereby give my permission for the staff of AGQBA (Arkansas Governor’s Quiz Bowl Association) to obtain any emergency medical treatment for my child deemed necessary during camp.

 4. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.

5. I authorize medical care units to release medical record information to the health insurance carrier for C. A. Vines Arkansas 4-H Center in order to process claims.

6. I understand that I am financially responsible for charges not covered or paid for by the C. A. Vines Arkansas 4-H Center insurance and hereby guarantee full payment to the attending physicians and/or health care units.

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**Parent/Guardian Date**