

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 the period of November 20 through November 21, 2009.
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.

(Parent/Guardian)

(Date)