



**Klickitat County
4-H Horse Member Health Form**

1. Do you have a physical condition or chronic illness that 4-H leaders or event coordinators should be aware of? *(i.e. asthma, allergies, diabetes, etc.) _____ YES _____ NO

If yes, please describe:

Treatments or medications (type & dosage)?

Date of last Tetanus immunization: _____

2. Are there any limitations or restrictions on your activities?

3. Physician's Name: _____

Phone: _____

Insurance

Company: _____

Policy Number: _____

* Inform event coordinator of any temporary/new health conditions not listed on this form.

Horse Emergency Treatment Authorization

It is the responsibility of the owner to have an emergency care plan for their horse. If I (owner) am not present at event I direct Klickitat County 4-H Horse Leaders to take the following action in the event of an emergency requiring veterinary care:

I have checked my treatment option(s) below:

1. _____ Take no action other than contacting me. I accept the consequences of delayed action if I can not be reached.
2. _____ Contact my regular veterinarian, Dr. _____, phone _____, He/She has my permission to perform treatment, which is necessary in his/her professional opinion. All veterinarian expenses are at owner's expense.
3. _____ Contact local veterinarian, Dr. _____, phone _____ or Dr. _____, phone _____ if I or my regular veterinarian can not be reached. All veterinarian expenses are at owner's expense.

Owner Signature Phone Date
Event staff will make every effort to notify owner prior to treatment of horse.

**Klickitat County 4-H Member
Consent & Release Form**

Complete this form and return to event coordinator.

Last Name First Name Middle Initial

Address City, State Zip

Home Phone Work Phone

Person(s) to contact in case of emergency Phone

Additional person(s) to contact in case of emergency Phone

Male _____ Female _____

4-H events, coordinated by certified 4-H volunteers, are sponsored by Washington State University. I understand there is a risk of injury or loss to myself, horse, or equipment including, but not limited to, falls, collisions, animal bites or kicks, exhaustion, bee stings, effects of the weather, or vehicle accidents. I also hereby waive and forever discharge claims for damages which the above listed individuals, their heirs, executors and administrators may have or accrue against Washington State University Extension, their representatives, agents, volunteers and Klickitat County Fair Board arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities.

In case of emergency, I understand every effort will be made to contact the people listed above. I hereby give permission to the physician on duty at the nearest medical facility to secure proper treatment for myself including hospitalization or surgery.

I have read, understand and agree to the above listed statement and sign this agreement of my own free will.

Parent/Guardian's Signature Date

Participant's Name

Revised March 2012

