



## MEDICAL RELEASE FORM – Japanese Delegates

(To be completed by parent)

委任状 (両親又は保護者に英語で記入してもらって下さい。)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
参加者名 生年月日 Month/Day/Year

Name of Japanese Organization(for Japanese only): \_\_\_\_\_ State: \_\_\_\_\_  
交流団体記入欄 州 (米国人用)

I hereby authorize the representatives of the States' 4-H International Programs Committee, Labo, Lex, Utrek, Carlson Wagon Lit Travel (CWT), WorldWide Exchange Services or the parents of the family assigned as hosts for my child, to make arrangements for my child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare, while participating in this program.

私の子供が 4-H 国際交流活動に参加中、万一問題が生じた場合、早急かつ適確なる解決のため、各団体の代表者 (International Programs Committee, Labo, Lex, Utrek, CWT, WorldWide Exchange Services) および、その指定する受け入れ家庭の両親にすべての決定権を委任し、その決定に従います。

\_\_\_\_\_  
Signature of Parent of Guardian:  
保護者署名 (参加者が 18 才以下の場合)

\_\_\_\_\_  
Date (Month/Day/Year)  
年月日

In case of emergency notify: Name \_\_\_\_\_  
緊急連絡先: 氏名

Telephone: \_\_\_\_\_  
電話番号

Relationship to participant: Parent Guardian Other  
参加者との関係 両親 保護者 その他

Alternate emergency contact: Name \_\_\_\_\_  
その他の緊急連絡先: 氏名

Telephone: \_\_\_\_\_  
電話番号

Family physician or clinic: \_\_\_\_\_  
主治医または病院名

Telephone: \_\_\_\_\_  
電話番号