

Name _____

County _____

F600R: Tennessee 4-H Member Release Form

I _____ give permission for my child to be released from
(Parent or guardian)

_____ at _____ on _____
(Name of event) (Time) (Date)

My child will be picked up by _____
(Name of person(s) picking up child) (Phone No. of p/u person)

_____ My child WILL return to event/camp
Date and time of return to event/camp _____ (AM/PM)
(Date) (Time)

_____ My child WILL NOT return to event/camp

***I understand that I accept all responsibility for my child and his/her belongings once they leave 4-H supervisory control.**

Signature _____
(Parent or guardian)

Emergency Phone Number(s): Mobile (____)_____

* The person(s) picking up the child will be asked to verify their identity to their county 4-H Agent. Under no circumstances will campers be allowed to leave the 4-H event without a written consent and verification of the person(s) picking them up.

***This form is available online**

