OHIO STATE UNIVERSITY EXTENSION

4-H Member Restricted Release/Optional Early Release

Complete this form to confirm arrangements and/or authorize another person to pick up a 4-H youth member. Supervision at 4-H Events where 4-H Professionals and Authorized Volunteers take responsibility for 4-H youth members in the absence of the parents/guardian is of highest importance. Full time participation is required at 4-H events unless prior permission is granted by the County 4-H Professional.

	from
(4-H youth member name)	from (name of event)
Name of person(s) authorized to pic	k up my child:
1.	Phone
2	Phone
If the youth is granted permission to	leave the event early, complete these details:
☐ Pick up time date/time	······
☐ Will not return to event	zation, I understand that I must call:
☐ Will not return to event If a change is needed to this authorize	zation, I understand that I must call:at
☐ Will not return to event If a change is needed to this authori:	zation, I understand that I must call: at
☐ Will not return to event If a change is needed to this authorize (name of 4-H Professional/Volunteer in charge of	zation, I understand that I must call:at
☐ Will not return to event If a change is needed to this authorize (name of 4-H Professional/Volunteer in charge of	zation, I understand that I must call: at event) (phone)
☐ Will not return to event If a change is needed to this authorize (name of 4-H Professional/Volunteer in charge of Signed (parent or guardian)	zation, I understand that I must call: at event) (phone) (date) The person(s) listed above must be identified by the youth many call: Comparison of the

