

**TOLLAND COUNTY 4-H FAIR ASSOCIATION, INC.
OVERNIGHT PERMISSION FORM**

NAME OF 4-H'ER: _____ AGE: _____

ADDRESS OF 4-H'ER: _____

PHONE NUMBER: _____ NAME OF 4-H CLUB: _____

Name of parent(s) or guardian(s): _____

Phone Numbers of parent(s) or guardian(s): _____

Place of Business of parent(s) can be reached: _____

Address: _____ Phone Number(s): _____

Continued on back

Upon approval of the Sleepover Committee _____

4-H member's name

Has my permission to sleep over on the fairgrounds in Vernon on _____

Dates

I understand that the Tolland County 4-H Fair Association, Inc., assumes no liability legal or otherwise, for any injuries or damages which may occur. In case of an emergency I hereby give permission to the physicians of the hospital to hospitalize, to secure proper treatment for, or to order injections, anesthesia, or surgery for my above named child.

Parent's or Guardian's Signature

Date

Health forms can be obtained from the CT 4-H web site at www.4H.uconn.edu and must be filled out along with this form, signed and returned by July 28, 2017.