

Authorization to attend event and emergency medical treatment

Please type or print all information. This form is required for all Key Club members attending designated Key Club International events or activities. The parent, legal guardian or person in loco parentis for the member must complete this form.

Member information

First M.I. Last

Street address

City State/Province

ZIP/postal code Nation

Sex (circle one) F M Height _____ Weight _____

Birthdate Month _____ Day _____ Year _____

Chaperone

Who is the designated chaperone responsible for this Key Club member?

Relationship to member

Note: An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is in loco parentis, over the age of 21, approved by the school and registered with and accompanying the Key Club member at the event or activity.

All non-Key Club members over the age of 18 attending the Key Club International convention must have a background check conducted by Kiwanis International.

Emergency information

In case of emergency, please contact _____ Relationship to member _____

Phone (_____) _____ Cell phone (_____) _____

Alternate contact _____ Relationship to member _____

Phone (_____) _____ Cell phone (_____) _____

Medical information

Health insurance company _____ Policy number _____

Group name on insurance coverage _____

Telephone number or other contact information shown on insurance card (_____) _____

Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type? Yes No

If yes, please explain _____

Has he/she ever been or is currently being treated for (circle yes or no)?

| | | | | | | | | |
|------------------------|-----|----|------------------|-----|----|-------------------------|-----|----|
| Nervousness | Yes | No | Rheumatic fever | Yes | No | Asthma | Yes | No |
| Convulsion or epilepsy | Yes | No | Cancer or tumors | Yes | No | Diabetes | Yes | No |
| Heart condition | Yes | No | Headaches | Yes | No | Allergies to medication | Yes | No |
| High blood pressure | Yes | No | Fainting spells | Yes | No | | | |

List any allergies or other medical conditions of which we need to be aware _____

I am the parent or legal guardian of the above-named Key Club member, and give my permission for him/her to attend the convention, conference and/or other event(s) sponsored by Key Club International. I also have read and understand the Code of Conduct shown on the reverse side, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member from the event. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and my ward/minor, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Key Club International and its officers, directors, employees, parents and subsidiaries and agents, from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or guardian _____ Signature _____ Date _____