DeMolay Washington
1111 A Street, Suite 1919
Tacoma, WA 98402

office@wademolay.org

2025

Parental Consent/Medical Release

Chapter _____ **Youth Name** _____

I, the undersigned parent or legal guardian of the above named youth, do hereby give my consent and permission for them to participate in activities of the above named Chapter, Order of DeMolay, and the activities and events of DeMolay Washington, and activities and events of DeMolay International.

I hereby give specific consent for the above named youth to participate in all activity(ies) of the above named Chapter, Order of DeMolay.

In case of accident or illness, I give my permission for any DeMolay Advisor to seek medical attention deemed necessary at the time for them. I hereby authorize any adult DeMolay Advisor present to seek and secure, or any first reponder in attendance to provide, such emergency medical treatment as shall be deemed necessary in their opinion, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I acknowledge that neither DeMolay International nor DeMolay Washington nor the above named Chapter maintain any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay International, DeMolay Washington and the above named Chapter harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above. I understand that every reasonable effort will be made to contact me prior to treatment. In the case of an emergency and I cannot be reached, I authorize the following named person to act on my behalf:

Name _____ Relationship _____ Phone _____

I further agree to release and hold harmless the above named Chapter, DeMolay International and DeMolay Washington and it's agents from any and all claims or causes of action which may arise out of their travel to and from, participation in and attendance at any planned event of function. The above named youth may participate in all activities except:

(List Exception) _____

I/we understand that while on the way to, in attendance at, or returning from any DeMolay function or event, I/we are obligated to follow the rules and guidelines of DeMolay International, DeMolay Washington and the above named Chapter as well as my obligations as a DeMolay, Squire, Advisor, parent or guest of DeMolay. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself or my children is in violation of any of the rules and guidelines stated or implied above, I/we will be sent home at my own expense with a forfeiture of any fees. A complete report will be provided to the Executive Officer for possible action(s) in addition to those taken by the Chapter Advisory Council. I/we understand that permission expires **12/31/2025** and must be renewed annually. **A photocopy or electronic scan of this release has the same force and effect as the original.**

Parent Signature_____ Date_____

PLEASE COMPLETE THE FOLLOWING BY PRINTING THE ANSWERS CLEARLY:

Youth Name _____ Parent/Guardian _____

Address _____ Address _____

City _____ City _____

State _____ Zip Code _____ State _____ Zip Code _____

Phone _____ Cell _____ Phone _____ Cell/Work _____

Youth's Doctor _____ Doctor's Phone _____

Allergies to Medicine _____

Prescriptions Now Taking _____

Insurance Carrier _____ Policy Number _____