

Medical release

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 <hr/> <div style="display: flex; justify-content: space-between;"> First M.I. Last </div> <hr/> Street address <hr/> <div style="display: flex; justify-content: space-between;"> City State/Province </div> <hr/> <div style="display: flex; justify-content: space-between;"> ZIP/postal code Nation </div> <hr/> <div style="display: flex; justify-content: space-between;"> Sex (circle one) F M Height _____ Weight _____ </div> <hr/> <div style="display: flex; justify-content: space-between;"> Birth date Month _____ Day _____ Year _____ </div>	Chaperone Who is the designated chaperone responsible for this Key Club member? <hr/> Relationship to member <i>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.</i> <i>All non-Key Club members over the age of 18 attending the Key Club International convention must have a background check that is conducted by Kiwanis International.</i>																								
Emergency information In case of emergency, please contact _____ Relationship to member _____ <div style="display: flex; justify-content: space-between;"> Phone (_____) _____ Cell phone (_____) _____ </div> Alternate contact _____ Relationship to member _____ <div style="display: flex; justify-content: space-between;"> Phone (_____) _____ Cell phone (_____) _____ </div>																									
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? _____ If yes, please explain _____ Has he/she ever been or currently being treated for (circle yes or no)? <table style="width: 100%; border: none;"> <tr> <td>Nervousness?</td> <td>Yes No</td> <td>Rheumatic fever?</td> <td>Yes No</td> <td>Asthma?</td> <td>Yes No</td> </tr> <tr> <td>Convulsion or epilepsy?</td> <td>Yes No</td> <td>Cancer or tumors?</td> <td>Yes No</td> <td>Diabetes?</td> <td>Yes No</td> </tr> <tr> <td>Heart condition?</td> <td>Yes No</td> <td>Headaches?</td> <td>Yes No</td> <td>Allergies to medication?</td> <td>Yes No</td> </tr> <tr> <td>High blood pressure?</td> <td>Yes No</td> <td>Fainting spells?</td> <td>Yes No</td> <td></td> <td></td> </tr> </table> List any allergies or other medical conditions of which we need to be aware _____ <hr/>		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		
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<p>I am the parent or legal guardian for 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.</p> <p>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, agents, from any and all claims, liabilities, causes of actions, 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Parent or guardian _____ Signature _____ Date _____ </div>																									