

Authorization to Attend and Medical Authorization

Upon completion, this form must be held by chaperone
Do not send to the Kiwanis District Office

Authorization To Attend Event and Emergency Medical Treatment Authorization

Members attending designated Key Club activities. This form must be completed by the parent, legal guardian, or person *in loco parentis* for the member.

Member **Chaperone** (who is the designated chaperone for your child?)

Name

Name

Address

Relationship to member

City, State, Zip

Sex Male Female

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.

Birthdate

Emergency Information

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

Daytime Phone: Night time phone:

Alternate Contact: Relationship to member:

Daytime Phone: Night time 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 currently being treated for:

Nervousness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Headaches?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Convulsion or epilepsy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fainting Spells?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart Condition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
High Blood Pressure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Diabetes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rheumatic Fever?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Allergies to medication?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cancer or Tumors?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

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

I am the parent or legal guardian for the above-mentioned 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 or the Cali-Nev-Ha District. I also have read and understand the Code of Conduct form, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Club member. 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 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, Cal-Nev-Ha Kiwanis District and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgements, 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 or the Cal-Nev-Ha Kiwanis District for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or Guardian:

Signed By _____