

Medical Release Form



PLEASE TYPE OR PRINT ALL INFORMATION. This form is required for all Key Club members attending the district conference. This form must be completed by the parent or legal guardian for the member.

MEMBER Name _____
Last Name First Name Middle Initial

Mailing Address _____
Street Address City State Zip Code

Sex (circle one) Female Male Height _____ Weight _____ Birth date ____/____/____

CHAPERONE Designated chaperone responsible for your Key Club member _____

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

EMERGENCY INFORMATION

In case of emergency, contact _____ Relationship _____

Daytime phone (____) _____ Evening phone (____) _____

Alternate contact _____ Relationship _____

Daytime phone (____) _____ Evening phone (____) _____

MEDICAL INFORMATION

Health Insurance Co. _____ Policy Number _____

Group Name _____

Telephone Number as shown on insurance card (____) _____

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

Has he/she ever been or currently being treated for (circle "Yes" or "No")?

Nervousness	Yes	No	Rheumatic Fever	Yes	No	Asthma	Yes	No
Convulsions or epilepsy	Yes	No	Cancer or tumors	Yes	No	Diabetes	Yes	No
Headaches	Yes	No	Heart condition	Yes	No	High Blood Pressure	Yes	No
Fainting spells	Yes	No	Medication Allergies	Yes	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-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 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 a 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.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____