

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

Biological Sex (circle one): Female Male

Height: _____ **Weight:** _____ **Birth date:** ____ / ____ / ____

Chaperone Name: _____
Last Name First Name Middle Initial

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

Emergency Information

Primary Contact: _____ **Relationship:** _____

Daytime Phone: (_____) _____ **Evening Phone:** (_____) _____

Alternative Contact: _____ **Relationship:** _____

Daytime Phone: (_____) _____ **Evening Phone:** (_____) _____

Medical Information

Health Insurance Co.: _____ **Policy Number:** _____

Group Name: _____

Phone Number (as shown on the insurance card): (_____) _____

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

Have they ever been or currently treated for (circle "Yes" or "No"):

Nervousness Yes No Rheumatic Fever Yes No Asthma Yes No Convulsions/Epilepsy Yes No Cancer/Tumors

Yes No Diabetes Yes No High Blood Pressure Yes No Fainting Spells Yes No Headaches Yes No Heart

Conditions Yes No Medication Allergies Yes No

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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.

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

List any food/dietary restrictions that need to be accounted for (the hotel will be notified and modifications will be made)

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 _____