

DCON 2020 Medical Authorization Form

**School (no abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form must be scanned and emailed to** [**conferenceforms@floridakeyclub.org**](mailto:conferenceforms@floridakeyclub.org) **by March 18, 2020 .…………………………………………………………………………………………………………....…………………....…………**

**Authorization to attend and emergency medical treatment**

***Please type or print all information*.** Members attending the District Conference: the parent, legal guardian, or person in l*oco parentis* for the Key Club member must complete this form prior to the event.

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

Full Name Name

Home Address Relationship to member

Cell phone number

City, State, Zip *Note: An adult chaperone for Key Club shall be a Kiwanis member, faculty*

*member, parent, legal guardian, or adult who has passed a criminal*

Gender Female Male

Birthdate

# Emergency Information

In case of emergency,

*background check and is in loco parentis, at least twenty-one (21), approved by the school, and registered with and accompanying the Key Club members at the event.*

please contact: Relationship to member

Daytime Phone Evening Phone

Alternate Contact Relationship to member

Daytime Phone

# Medical Information

Evening Phone

Health Insurance Company Policy Number:

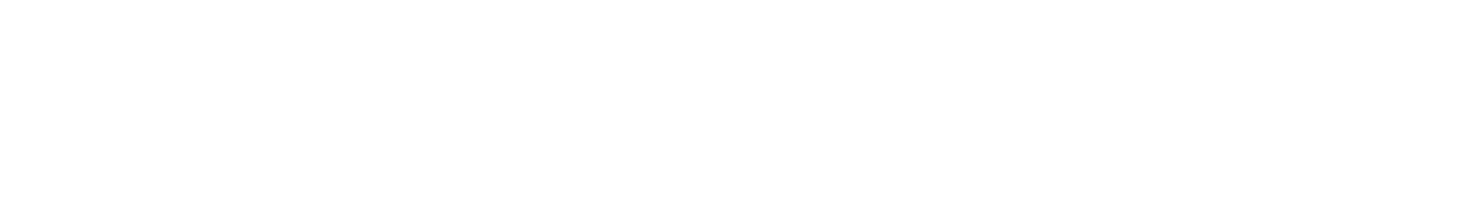
Group name on insurance coverage

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:



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Anxiety | Yes | No | Headaches | Yes | No |
| Convulsion or Epilepsy | Yes | No | Fainting Spells | Yes | No |
| Heart Condition | Yes | No | Asthma | Yes | No |
| High Blood Pressure | Yes | No | Diabetes | Yes | No |
| Rheumatic Fever Cancer or Tumors | Yes Yes | No No | Allergies to Medication | 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-mentioned Key Club member, and give my permission for him/her to attend the Florida District of Key Club District Education and Leadership Conference. 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, the Florida District of Kiwanis, the Florida District of Key Club and their 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, the Florida District of Kiwanis, and Key Club International for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_ Date