

# Authorization to Attend & Medical Consent

## 75<sup>th</sup> Annual Florida District Education and Leadership Conference

Give completed form to your advisor who will copy and send all original forms together to Florida District of Key Club, 5545 Benchmark Lane, Sanford, FL 32773.

Key Clubber's School: \_\_\_\_\_

### Authorization to Attend Florida District Conference and Emergency Medical Treatment Consent

Members attending the District Conference: the parent, legal guardian, or person in *loco parentis* for the member must complete this form prior to the event.

#### MEMBER

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Gender  Female  Male  
Birthdate \_\_\_\_\_

#### CHAPERONE (who is the designated chaperone for your child?)

Name \_\_\_\_\_  
Relationship to member \_\_\_\_\_  
Cell phone number \_\_\_\_\_  
*Note: An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is in loco parentis, at least 21 years old, approved by the school, and registered with and accompanying the Key Club member at the event or activity.*

#### EMERGENCY INFORMATION

In case of emergency, please contact: \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Relationship to member \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening 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 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 Kiwanis District 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 or the Florida Kiwanis District for obtaining medical emergency services for said Key Club member pursuant to this authorization.

Parent or Guardian  
Name (typed or printed) \_\_\_\_\_

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

Date \_\_\_\_\_