



## DCON 2019 Medical Authorization Form

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

Copy and mail this form to the Florida District of Key Club, 1205 W. Airport Blvd, Sanford FL 32773 by Feb 15th, or scan and email to [conferenceforms@floridakeyclub.org](mailto:conferenceforms@floridakeyclub.org) by Feb 22nd.

### 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 loco parentis for the Key Club member must complete this form prior to the event.

#### Member Information

Full Name \_\_\_\_\_  
 Home 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 adult who has passed a criminal 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.*

#### Emergency Information

In case of emergency, please contact: \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_

Relationship to member \_\_\_\_\_  
 Evening Phone \_\_\_\_\_  
 Relationship to member \_\_\_\_\_  
 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:

Anxiety	<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 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 \_\_\_\_\_