Authorization Form

Authorization to attend _____and Emergency Medical Treatment

Please type or print all information. This form is required for all Key Club members attending designated Key Club International events or activities. The parent, legal guardian, or person in loco parentis for the member must complete this form.

Member _____
First Middle initial Last

Mailing address_____

_____
City State/province Zip/postal code Nation

Key Club_____ Key Club District_____

Gender _____ Student Cell Phone _____

Birth date Month _____ Day _____ Year _____

Chaperone name and cell phone #

_____

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

All non-Key Club members over the age of 18 attending the Key Club International Convention must have a background check that is conducted by Kiwanis International.

The complete Kiwanis International Youth Protection Guidelines can be found online at Kiwanis.org

Emergency information

In case of emergency, please contact _____ Relationship to member _____

Phone (_____)_____ Cell phone (_____)_____

Alternate contact _____ Relationship to member_____

Phone (_____)_____ Cell 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? _____

If yes, please explain_____

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

Nervousness?	Yes No	Rheumatic fever?	Yes No	Asthma?	Yes No
Convulsion or epilepsy?	Yes No	Cancer or tumors?	Yes No	Diabetes?	Yes No
Heart condition?	Yes No	Headaches?	Yes No	Allergies to medication?	Yes No
High blood pressure?	Yes No	Fainting spells?	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 them to attend the convention, conference and/or other event(s) sponsored by Key Club International identified above ("Event"). I have read and understand the Code of Conduct shown on the reverse side of this form, and I understand that a violation any of those rules may result in the dismissal of the above-named Key Club member from the Event. 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 to obtain permission for proper treatment of the above-named Key Club member. 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 the above-named Key Club member, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Key Club International and Kiwanis International 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 that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against Key Club International or Kiwanis International for obtaining medical emergency services for-the above-named Key Club member pursuant to this authorization.

Parent or guardian _____ Signature _____ Date _____