

AUTHORIZATION FORM

Authorization to attend the Rocky Mountain District Key Club Convention and Emergency Medical Treatment Authorization

Please type or print all information. This form is required for all participants attending the Rocky Mountain District Key Club Convention. The parent, legal guardian or person in loco parentis for the Key Club member must complete this form. Please make three copies of this form: one for the event registration, one for the chaperone and one for the registrant.

Member Name _____ Key Club Name _____
First Middle initial Last

Mailing Address _____ City _____ State _____ Zip Code _____

Gender _____ Birth date: Month _____ Day _____ Year _____ Cell Phone Number _____

Chaperone

Chaperone's Name _____ 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, over the age of 21, approved by the school and registered with and accompanying the Key Club member to the event. All chaperones 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 (____) _____ Alt phone (____) _____

Alternate Contact _____ Relationship to member _____

Phone (____) _____ Alt 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 your Key Club member 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 _____

Authorization

I am the parent or legal guardian for the above-named Key Club member and give my permission for them to attend the convention identified above ("Event"). I have read and understand the Code of Conduct form and understand that a violation 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 a 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 _____