



Rocky Mountain District – Key Club International
AUTHORIZATION TO ATTEND ROCKY MOUNTAIN DISTRICT KEY CLUB EVENT
AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION

CONFIDENTIAL

Please type or print all information legibly. This form is required for all participants attending any Rocky Mountain District Key Club event. 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 (which will be destroyed at the event’s conclusion), one for the chaperone, and one for the participant.

Participant Name _____ Home Key Club _____
First Name Middle initial Last Name

Mailing Address _____ City _____ State _____ Zip Code _____

Gender _____ Date of Birth _____ 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

Emergency, contact _____ Relationship to Member _____

Phone _____ Alternate Phone _____

Alternate contact _____ Relationship to Member _____

Phone _____ Alternate Phone _____

Insurance Information

Health Insurance Company _____ Policy number _____

Group Name on Insurance Coverage _____

Telephone Number or Other Contact Information Shown on Insurance Card _____

Medical Information

Will the participant be taking any prescription or over-the-counter medication during the event? _____

If yes, explain _____

Has the student even been or is the student currently being treated for any of the following:

Nervousness	Yes	No		Headaches	Yes	No
Epilepsy	Yes	No		Fainting spells	Yes	No
Heart condition	Yes	No		Asthma	Yes	No
High blood pressure	Yes	No		Diabetes	Yes	No
Cancer or tumors	Yes	No		Allergies to food or medications	Yes	No

List all allergies to food or medications: _____

Please provide any other medical concerns that we should be aware of: _____

Authorization

I am the parent or legal guardian for the above-named Key Club member and give my permission for them to attend the event 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 _____ Name _____ Date _____
Signature Printed