

KIWANIS KEY LEADER - AUTHORIZATION TO ATTEND EVENT

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Please type or print all information. This form is required for all participants attending events. This form must be completed by the parent, legal guardian, or person *in loco parentis* for the youth participant.

<p>Participant</p> <p>Name _____ <small>Last name First name Middle Initial</small></p> <p>Mailing Address _____ <small>Street Address</small></p> <p>_____ <small>City State/Province Postal Code Country</small></p> <p>Sex (circle one) F M Height _____ Weight _____</p> <p>Birth Date Month: _____ Day: _____ Year: _____</p> <p>E-mail Address _____</p> <p>School Name: _____</p>	<p>Low Ropes Initiatives/Activities: I hereby affirm that I have been well advised and thoroughly informed of the inherent hazards and policies of participating in low ropes initiatives/activities. I know that I am participating in a potentially hazardous activity. I should not participate unless I am medically able. I hereby personally assume all risks associated with my voluntary participation in this event for any harm, injury or damage that may befall me as a result of my participation, whether foreseen or unforeseen. I must recognize the importance of following the leader's instructions, and know that safety rules and procedures must be obeyed. I know that participation is by choice, and have been advised of the dangers and risks.</p> <p>Travel: Parents/Guardians of Key Leader participants are responsible for the transportation to and from the event. It is recommended that the guidelines from the student's school/sponsoring organization should be followed. KI is not responsible for transportation, and shall be held harmless for any liability arising from transportation to and from a Key Leader event.</p> <p>Participant Signature _____</p> <p>Parent/Legal Guardian _____</p>
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Emergency Information	
In case of emergency, contact: _____	Relationship to participant: _____
Daytime phone _____	Evening/cell phone _____
Alternate contact _____	Relationship to participant _____
Daytime phone _____	Evening/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 the Key Leader participant 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 _____	
For routine first aid needs, list any O-T-C medications that the Key Leader Participant may NOT take _____	

I am the parent or legal guardian for the above-named Key Leader participant, and give my permission for him/her to attend the weekend retreat, sponsored by Kiwanis International. I also have read and understand the Community Values Agreement, and I understand that a violation of certain provisions of these rules may result in the dismissal of my Key Leader participant 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. 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 Leader participant. On behalf of myself and my ward/minor, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** Kiwanis International and its 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 Kiwanis International for obtaining medical emergency services for said Key Leader participant pursuant to this authorization.

Parent or guardian _____ Signature _____ Date _____
 (Required if under the age of 18)