

EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND CODE OF CONDUCT

Please type or print. This form is required for all Key Club members attending Texas-Oklahoma Key Club events and must be completed by a parent or guardian. One copy of this form is to be turned in at the convention registration desk, and one copy should be kept by the club advisor.

Registrant's Name _____ Height _____ Weight _____ Sex _____

Address _____
Street City State Zip

High School _____

Person to be contacted in an emergency _____

Relationship _____

Home Phone _____ Work Phone _____

Name of Doctor _____ Phone _____

Doctor's Address _____

Health Insurance Company _____ Policy # _____

List any other pertinent information shown on insurance card:

Please answer YES or NO, providing necessary additional information:

1. Will your son or daughter be taking medication of any type while in attendance?
2. Has he/she ever been treated for (if currently being treated, please indicate):

<input type="checkbox"/> a. Nervousness	<input type="checkbox"/> h. High blood pressure
<input type="checkbox"/> b. Any mental disorder	<input type="checkbox"/> i. Severe or frequent headache
<input type="checkbox"/> c. Convulsions or epilepsy	<input type="checkbox"/> j. Asthma
<input type="checkbox"/> d. Fainting spells	<input type="checkbox"/> k. Ulcers
<input type="checkbox"/> e. Heart condition	<input type="checkbox"/> l. Diabetes
<input type="checkbox"/> f. Rheumatic fever	<input type="checkbox"/> m. Allergic reaction to medication
<input type="checkbox"/> g. Cancer or tumor	<input type="checkbox"/> n. Any other allergies or illnesses

3. Does he/she have any other physical limitations?

Give details of any YES answers to any of the questions above. Give dates of treatment and names and addresses of attending physicians, hospitals, and clinics. (Use reverse side or additional pages if necessary.)

I hereby certify that the information given above is correct. In case of medical emergency, I understand that every effort will be made to contact the person designated above. In the event, that person cannot be reached, or time does not permit, Thereby give permission to a licensed physician to provide proper treatment or, including hospitalization, immunization, or injection, anesthesia or surgery for my son/daughter.

Signature of parent or guardian _____ Date _____

CODE OF CONDUCT

The following Code of Conduct has been established for the Key Club events:

1. One male adult is required to register with each ten or part of ten male members. One female adult is required to register with each ten or part of ten female members. These adults are required to reside in the hotel and participate in the program with the Key Club members, and may be Kiwanians, faculty advisors, or parents of the Key Club members attending the Key Club convention.
2. Individual adult advisors are responsible for their Key Club's adherence to these regulations. A head adult advisor for each Key Club should be designated for registration purposes.
3. No alcoholic beverages or drugs of any nature (except prescribed medication) will be permitted in the possession of anyone attending any Key Club Convention.
4. A retiring hour of 12:00 AM will be observed and enforced. Key Club members are expected to be in their own rooms at this time and remain there. Windows and exterior doors to sleeping room balconies are to remain closed at ALL hours. Unnecessary noises at any hour are prohibited.
5. Care should be taken not to deface or destroy any property, or to throw objects from windows or balconies. Placing of signs or messages on the hotel property will not be allowed. Any damages will be paid for by the individual and/or member club responsible.
6. Any illegal activities including, but not limited to, gambling, use of fireworks, and misuse of fire fighting apparatus is prohibited.
7. All Key Club members are expected to conduct themselves as responsible young adults. All members are required to adhere to the Texas-Oklahoma Dress Code as governed by the District Board.
8. Every member will be expected to attend all meetings, sessions, forums, and caucuses as outlined in the official program or agenda. No member or club shall leave any session prior to adjournment without advance permission from the Governor with approval of the Administrator.
9. No females shall be allowed in the sleeping room of any male Key Club member, and no males shall be allowed shall be allowed in the sleeping room of any female Key Club member without an adult advisor present.
10. No Key Club member may change room assignments without the authorization of the proper convention official.
11. Every member will respect the authority of the Sergeant-at-Arms committee.
12. Pending a decision by the District Board, gross misconduct on the part of an individual or group of individuals may result in disciplinary actions leading to the suspension of that club's rights to function as a club.
13. Smoking is prohibited at any Key Club event.
14. Infractions of the Code of Conduct will be reported to the District Board and adult advisors. Appropriate action will be taken for any infractions including the dismissal of any officer or member from the function at the expense of the individual, with a letter to his/her parents, school authorities, and the president of the sponsoring Kiwanis club.

I have read and agreed to the above Code of Conduct Rules.

Signature _____