



**Texas-Oklahoma District
Key Club International**

Medical Release Form

Authorization To Attend Event and Emergency Medical Treatment

Members attending designated key club activates. This form must be completed by the parents, legal guardian, person in *loco parentis* for this member.

Chaperone (designated for your child)

Member Name: _____

Name _____

Address: _____

Relationship to member: _____

City : _____

NOTE: As adult chaperone for Key Club shall be a

State : _____ Zip : _____

Kiwanis member, faculty member, parent, legal

Gender : Male. Female

guardian or over the age of 21 and approved by the

Birthday : _____

School and registered with and accompanying the Key

Club member at the event.

EMERGENCY INFORMATION :

In case of an emergency, please contact: _____ Relation to member: _____

Daytime phone: _____ Night time phone _____

Alternate Contact: _____ Relation to member _____

Daytime phone: _____ Night time phone _____

MEDICAL INFORMATION :

Health Insurance Company : _____ Policy Number _____

Group name on insurance coverage : _____

Telephone number or contact info shown on Ins card: _____

Will your Key Club member be taking any prescription or over the counter medication of any type: **YES. NO**

If yes, please list them : _____

Has he/she ever been or 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/medications	YES	NO

List all allergies to food or medications: _____

SEE NEXT PAGE



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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 medical provider, to provide proper treatment, including, but not limited to hospitalization, injections, anesthesia and/or surgery for the above named Key Club member. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, and FOREVER DISCHARGE Key Club International, Texas-Oklahoma Kiwanis District and their officers, directors, employees, parents and subsidiaries.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian: (print name): _____