

GRANGE SUGGESTED RELEASE AND PARENT MEDICAL CONSENT FORM

(Please Print or Type Information)

NOTE: THIS FORM SHOULD BE KEPT BY THE PERSON IN CHARGE DURING THE ACITIVITY

Activity _____ Date _____ Grange _____
Member's Name _____ Birthdate _____
Home Address _____

Father's Name _____ Mother's Name _____
Address _____ Address _____
_____ _____
Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____

Emergency contact person _____
Name Phone Relationship
Address if different than above _____
Medical Insurance Company _____ Group #(s) _____

IF YOU HAVE NO INSURANCE – CHECK HERE _____

I hereby agree to release Grange, its representatives, agents, servants and employees from liability for any injury to above named person resulting from any cause whatsoever occurring to above named person at any time while attending the Grange event, including travel to and from the event, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

Parent/Guardian Signature Date

I agree to allow the Grange to use photographs of my child taken at the event for press, brochure or publicity purposes.

Parent/Guardian Signature Date

I do voluntarily authorize the Grange representative to administer and/or obtain routine or emergency diagnostic procedure and/or routine or medical treatment for the above named person as deemed necessary by medical judgment.

Parent/Guardian Signature _____ Date _____

Notary's Signature _____ Date _____
(Suggested but not required for attendance.)

MEDICAL INFORMATION

This form is for basic information in case of an emergency, liability release, and an authorization of emergency medical treatment. Every effort will be made to contact parents or guardian prior to nay medical treatment. **NOTE:** Most medical facilities will not perform medical treatment on minors without parental consent or legal authorization.

Do you have any known allergies? No ___ Yes ___ If yes, what are you allergic to? _____

Do you have any history of allergies, hear conditions, diabetes, asthma, epilepsy, rheumatic fever or other existing medical conditions? No ___ Yes ___ Explain _____

Do you have nay physical restrictions or conditions that the chapter advisor/chaperone should be aware of?
No ___ Yes ___ If so, explain.