KIWANIS KEY LEADER - AUTHORIZATION TO ATTEND CAYMAN ISLANDS 2017 EVENT

EMERGENCY MEDICAL TREATMENT AUTHORISATION

Please type or print all information. This form must be completed fully by the attendee's parent or legal guardian.

Participant

Name _____
Last name First name Middle Initial

Mailing Address _____
PO Box ZIP/KY #

_____
Actual Street Address

Gender (circle one) F M Height _____

Birth Date: Day _____ Month _____ Year _____

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 at all times. I know that participation is by choice, and have been advised of the dangers and risks of my participation.

Participant Signature _____

Parent/Legal Guardian _____

Emergency Information

In case of emergency, please 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/Number 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 during the event? (Circle one) YES NO

If yes, please explain (continue overleaf) : _____

Has he/she ever been or currently being treated for (Circle either 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 or Migraines?	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 (continue overleaf): _____

For routine first aid needs, list any O-T-C medications that the Key Leader Participant may NOT take (continue overleaf): _____

Medical dietary needs (continue overleaf): _____

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, hosted 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 The Kiwanis Club of Grand Cayman 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 resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Kiwanis International and The Kiwanis Club of Grand Cayman for obtaining medical emergency services for said Key Leader participant pursuant to this authorization.

Parent or guardian (Block capitals) **Signature** **Date**