



## KIWANIS Club of Grand Cayman Youth Leadership Day - AUTHORIZATION TO ATTEND CAYMAN ISLANDS 2024 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

Birth Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### 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 Youth Leadership Day 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 KCGC Youth Leadership Day Participant may NOT take (continue overleaf): \_\_\_\_\_

Medical dietary needs (continue overleaf): \_\_\_\_\_

I am the parent or legal guardian for the above-named KCGC Youth Leadership Day participant and give my permission for him/her to attend the day event, hosted by the Kiwanis Club of Grand Cayman. 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 KCGC Youth Leadership Day 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 KCGC Youth Leadership Day 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 KCGC Youth Leadership Day participant pursuant to this authorization.

Parent or guardian (Block capitals)

Signature

Date