

Consent to Attendance at Key Club Convention and Medical Authorization

IMPORTANT

Each Key Club member attending the convention must fill in all information on this form.

DO NOT SEND THIS COMPLETED FORM WITH THE REGISTRATION.

Bring it to the convention.

The Advisor must show this form at the Registration Desk for every Key Clubber.

The Cali-Nev-Ha District reserves the right to refuse registration to any Key Club member whose completed and signed CONSENT FORM is not held by the Advisor at the Convention.

I am a parent or legal guardian of _____ (my child) and give my consent as follows:

1. for my child to attend the California-Nevada-Hawaii Key Club District Convention at the Long Beach Convention Center in Long Beach, California on April 15-17, 2005, which is an official function of the California-Nevada-Hawaii District of Key Club International.

2. for my child to be transported to the event by the following means _____

3. for any responsible adult who is acting as a chaperon for my child to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act of the state where the function occurs, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to my child by a dentist licensed under the provisions of the Dental Practice Act of the state where the function occurs; provided, however, that the adult consenting to such treatment shall first have attempted to contact me at the telephone number set forth below, unless the need for the consent for treatment results from an emergency serious condition which requires immediate treatment such that a prior attempt to contact me is not practical.

This consent shall be effective only for the specific event listed above and for the time period listed.

My child has the following known allergies or medical conditions: (none) _____

My child is taking the following medications: (none) _____

Medical Insurance Policy Carrier _____

Policy Number _____

Dated: _____

(parent) (legal guardian)

(emergency phone number)