



# CALIFORNIA-NEVADA-HAWAII DISTRICT KEY CLUB INTERNATIONAL



## CONSENT FOR ATTENDANCE AND MEDICAL AUTHORIZATION

I am the parent or legal guardian of \_\_\_\_\_ (my child)  
and give my consent as follows:

1. for my child to attend Key Club Functions, which is an official function of the California-Nevada-Hawaii District of Key Club International.
2. for my child to be transported to this event by any or all of the following means:  
\_\_\_\_\_
3. for any responsible adult who is acting as a chaperon for my child is authorized to obtain any medical and/or dental treatment for my child which the chaperone in their sole discretion may deem necessary. Any medical doctor, dentist, hospital or other treatment facility is requested to cooperate with the chaperone if they request medical or dental treatment for my child. This medical authorization shall include but shall not necessarily be limited to hospitalization, out patient treatment, the giving of medications, injections, blood transfusions, surgery, x-rays, physical therapy or any other forms of medical or dental treatment whether or not specifically listed herein; provided however, that the adult consenting or authorizing such treatment shall have first attempted to contact me at the telephone number set forth below unless the need for treatment results from emergency situations that require immediate treatment such that a prior attempt to contact me is not practical or reasonable.

This consent shall be effective only for the specific event named above 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: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_