



# Medical Release/Parental Consent Form

Please complete all that apply. Please type or print plainly.  
Please attach a photocopy of the registrant's insurance card.

Registrant's Name: \_\_\_\_\_ Chapter/Assembly: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): (\_\_\_\_) \_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_; (\_\_\_\_) \_\_\_\_\_

Insurance Company Covering Registrant: \_\_\_\_\_ Plan/Policy #: \_\_\_\_\_

Registrant's Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Health History:** The Event Staff should be aware that this participant has experienced health problems with the following:

**Medication or food allergies:** \_\_\_\_\_

- Registrant has no health problems.
- Appendicitis       Diabetes       Frequent Colds       Respiratory Trouble       Throat Infection
- Convulsions       Epilepsy       Heart Trouble       Rheumatic Fever       Other (please specify)
- Cramps in Water       Fainting       Hernia       Sinus Trouble      \_\_\_\_\_

Please note any medications the registrant is currently taking:

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken For: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Taken For: \_\_\_\_\_

\*\*\*\*\* Parental Consent Form \*\*\*\*\*

In the event of injury or illness to my son, daughter, or ward, I hereby authorize and direct DeMolay advisor(s) supervising the activity in which the above named youth is participating, to secure medical treatment, including, but not limited to, hospitalization, injections, anesthesia, and surgery for my son, daughter, or ward; thereby authorizing a supervising DeMolay advisor to sign and consent thereto as fully as I could were I personally present. As parent or guardian of the registrant, I further agree to indemnify and hold harmless the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay), and any adult advisors and/or volunteers who have agreed to supervise the activity for which my son, daughter, or ward is registering, from any damages recovered or recoverable by my son, daughter, or ward. Furthermore, I agree that, upon notification from an authorized adult DeMolay advisor or other volunteer assisting with the event at which my son, daughter, or ward is a participant, to remove my son, daughter, or ward, if, in the opinion of the supervising adults, it is deemed necessary and appropriate that he/she be removed from the activity site. I also agree on behalf of my son, daughter, or ward that, if it is deemed necessary by DeMolay advisors supervising the activity, his/her room may be entered and an inventory of his/her personal effects performed by no fewer than two DeMolay advisors. By affixing my signature I indicate that I fully understand the above and agree to abide by its terms.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please attach a photocopy of the registrant's insurance card.**