



Medical Release/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 (specify below)
- Cramps in Water Fainting Hernia Sinus Trouble _____

Please note any medications the registrant is currently taking:

Medication Name: _____ Dosage: _____ Taken For: _____

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***** Parent/Guardian Consent *****

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. I acknowledge that I will be responsible for payment of all charges related to the medical services provided. 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. I assign and grant to the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me and/or my son, daughter, or ward, and I hereby release the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) and I specifically waive any right to any compensation I and/or my son, daughter, or ward may have for any of the foregoing. By allowing registrant to attend the event, 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 medical insurance card.