

WASHINGTON STATE GRANGE RELEASE & PARENT MEDICAL CONSENT FORM

(Please Print or Type Information)

NOTE: THIS FORM SHOULD BE KEPT BY THE PERSON IN CHARGE DURING THE ACTIVITY

Activity _____ Date _____ Grange _____

Member's Name _____ Birthdate _____

Home Address _____

Father's Name _____ Mother's Name _____
Address _____ Address _____
Work Ph _____ Home Ph _____ Work Ph _____ Home Ph _____

Emergency contact person _____
Name PHONE RELATIONSHIP

Address if different than above _____

Medical Insurance Company _____ Group #(s) _____

IF YOU HAVE NO INSURANCE - CHECK HERE _____

I hereby agree to release the Grange, its representatives, agents, servants and employees from liability for any injury to above named person resulting from any cause whatsoever occurring to above named person at any time while attending the Grange event, including travel to and from the event, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.

Parent/Guardian Signature _____ Date _____

I agree to allow the Grange to use photographs of my child taken at the event for press, brochure or publicity purposes.

Parent/Guardian Signature _____ Date _____

I do voluntarily authorize the Grange representative to administer and/or obtain routine or emergency diagnostic procedures and/or routine or medical treatment for the above named person as deemed necessary by medical judgment.

Parent/Guardian Signature _____ Date _____

Notary's Signature _____ Date _____

(Suggested but not required for attendance.)

MEDICAL INFORMATION

This form is for basic information in case of an emergency, liability release, and an authorization of emergency medical treatment. Every effort will be made to contact parents or guardian prior to any medical treatment. NOTE: Most medical facilities will not perform medical treatment on minors without parental consent or legal authorization.

Do you have any known allergies? No ___ Yes ___ If yes, what are you allergic to? _____

Do you have any history of allergies, heart conditions, diabetes, asthma, epilepsy, rheumatic fever or other existing medical conditions? Explain

Do you have any physical restrictions or conditions that the chapter advisor/chaperone should be aware of? No ___ Yes ___ If so, explain.