

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: _____ Grade: _____ Age: _____

Address: _____

Street/Apt Number

City

Zip Code

Daytime

Evening

Phone Number: (_____) _____ Phone Number (_____) _____

As the parent (or legal guardian) of: _____

Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for calendar year _____ (Or specific date), which carry with them a certain degree of risk. Some of these activities are swimming, boating, hiking, camping, field trips, sports, Lodge functions and other activities, which the Lodge may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth's activities:

_____ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Lodge will attempt to notify me in case of a medical emergency involving my child/youth. If the Lodge cannot reach me, then I authorize the Lodge to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the Lodge if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Health considerations or medical conditions: _____

Insurance Company: _____ Policy/Group # _____

Signature of Parent or Guardian _____ Date _____

NOTARY _____ DATE _____ SEAL _____