

Basic Medical Release to be kept on file at Chapter level for all DeMolay members and Sweethearts and carried to all regular DeMolay events where members are present

GENERAL MEDICAL CONSENT AND RELEASE FORM

Jurisdiction: **SOUTHERN CALIFORNIA**

League/Chapter Name: _____

1. I, the undersigned Parent or Legal Guardian of _____, do hereby give my consent and permission for him/her to participate in _____.

I understand and consent to participation in any and all activities and events of any duly chartered Chapter, League and/or District, Order of DeMolay, of the Jurisdiction of **SOUTHERN CALIFORNIA**, including any activities or events conducted at the chapter, league, state or jurisdictional level, or by DeMolay International, WITH THE FOLLOWING EXCEPTIONS: (State on line below. If none write NONE.)

2. In the event of any injury or illness to the above named minor, I the undersigned Parent or Legal Guardian, hereby authorize any adult DeMolay Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me prior to medical treatment.

3. The above named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows:
(State on the line below. If none, state NONE.):

4. Neither DeMolay International nor the Jurisdiction of **SOUTHERN CALIFORNIA**, Order of DeMolay, maintains any medical insurance for its members. I understand that we will be responsible for any and all costs of medical treatment incurred by or on behalf of _____ . My family health insurance carrier and policy numbers are as follows:

Insurance Co. Name

Policy Number

Policy Holder's Name

5. I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of DeMolay International, Order of DeMolay, and its duly authorized representatives. We agree that if in the opinion of any DeMolay Advisor that if either of us should be removed or asked to leave any DeMolay activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

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6. WE HEREBY AGREE TO RELEASE AND HOLD HARMLESS THE CHAPTER, LEAGUE, AND THEIR ADVISORS, ADULTS, AND ANYONE ACTING UPON THEIR BEHALF, INTERNATIONAL SUPREME COUNCIL, ORDER OF DEMOLAY, THE GRAND MASTER OF DEMOLAY INTERNATIONAL, AND ITS MEMBERS TOGETHER WITH THE EXECUTIVE OFFICER, STAFF MEMBERS, AND ADVISORS OF SOUTHERN CALIFORNIA JURISDICTION, ORDER OF DEMOLAY, FROM ANY AND ALL CLAIMS OR CAUSE OF ACTION WHICH THE UNDERSIGNED HAS OR MAY HAVE. THIS SPECIFICALLY INCLUDES ANY AND ALL PLANS WHICH ARRIVE OUT OF THE ATTENDANCE AT ANY ACTIVITIES OR EVENTS CONDUCTED AT THE CHAPTER, LEAGUE, STATE OR JURISDICTIONAL LEVEL , INCLUDING TRANSPORTATION TO AND FROM SAID EVENT.

Initials
(Parent or Legal Guardian)

Initials
(Participant. if 18 yrs. old/older)

7. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

NAME: _____ PHONE: () _____

ADDRESS: _____

RELATIONSHIP: _____

8. Parent or Legal Guardian: Please provide the following information about yourself:

Your full Name: _____

Street and Mailing Address: _____

City/State and Zip: _____

Telephone: Home () _____ Work () _____ CELL () _____

Relationship to Youth: _____

9. If youth's address is different than Parent or Legal Guardian, please state on line below.
(if same, write SAME)

Signature of Parent/Legal Guardian

Signature of Youth (legal minor)

Signature of DeMolay/Participant (if 18yrs old /older)