

MOOSE YOUTH AWARENESS PROGRAM
INTERNATIONAL CONGRESS CONSENT FORM

REGISTRATION INFORMATION

Very important to fill out all information in each section

Please understand while we will do all we can to keep all information provided to Moose International confidential; if you decide to send this form via email to (cruffino@mooseintl.org) we cannot guarantee confidentiality. All emailed items will go to the Coordinator of Activities & HOC Gordon Dailey and the Executive Assistant Camille Ruffino. If you have any questions regarding this matter, please contact us at 630-966-2213.

SECTION 1 - PERMISSION

I, the undersigned parent/guardian of _____ (“my child”), a minor, hereby give my consent for him/her to attend the Moose Youth Awareness Congress at _____ on _____, 20__.

In consideration for my child being allowed to participate in this event, I hereby authorize the provision of all necessary emergency (as defined by local and national medical standards) medical care to my child (including medical, dental and/or surgical) and attach a current, valid copy of my medical insurance card to this agreement.

I agree that neither Moose International, Inc., the _____ Moose Association (“Association”), nor _____ Lodge No. _____, Loyal Order of Moose, Inc. (“Lodge”) shall have any financial responsibility for the emergency medical care provided to my child. I also agree to fully defend, indemnify and hold harmless the Lodge, the Association and Moose International, their respective agents, volunteers, employees, directors, officers, successors and assigns from and against any and all losses, damages, claims and causes of action brought by or on behalf of my child, with the exception of losses arising from their sole gross negligence. I further agree this agreement shall be binding upon my heirs, successors and assigns.

SECTION 2- PERSONAL INFORMATION

Student’s Name: _____ **DOB** _____ / _____ / _____

AS IT APPEARS ON STUDENT ID OR DRIVERS LICENSE - NEEDED FOR TRAVEL

Gender (at birth): Male _____ Female _____ Gender Student *Identifies* As: Male _____ Female _____
(if different than birth gender)

Class of 20 _____ Student’s Cell Phone (_____) _____

Student Email: _____

MUST BE VALID EMAIL WE WILL USE THIS TO CORRESPOND WITH YOU

Student Address: _____

City: _____ State/Province _____ Zip: _____

Parent/Guardian Name(s): _____

Address if different from student: _____

City: _____ State/Province _____ Zip: _____

Mother’s Phone: (_____) _____ Email: _____

Father’s Phone: (_____) _____ Email: _____

School Name: _____ **School Phone:** _____

Address: _____

City: _____ State/Province: _____ Zip: _____

SECTION 3 - PUBLICITY RELEASE

Moose International may use my name and photograph in publicity concerning the Youth Awareness Program.

Signature of Student Representative

Dated this _____ day of _____, 20____.

Parent/Guardian signature

Parent/Guardian signature

SECTION 4 - MEDICAL RELEASE FORM

I, the undersigned parent/guardian of _____ (“my child”), a
minor, Youth Name

Hereby give my consent for an assigned chaperone of the Moose Youth Awareness Congress to keep in their possession and administer the below medications (prescription and/or over the counter) at the specified times and dosages.

_____ on _____, 20____.
Parent/Guardian signature date

SECTION 5 - MEDICAL CONDITIONS

Please provide Moose International with a list of **any known medical conditions**. If the student has allergies relating to the environment, or to medication please list below. If the student has food allergies, please also list specifics in the food section.

**If medication is needed to prevent or counteract reactions, (i.e. an Epi-pen), this should be noted in detail in the next section entitled, “MEDICATIONS.”*

MEDICAL CONDITION	SIGNS IN DISTRESS	ACTION PLAN

Please provide Moose International with a **list of medications that are taken on a daily basis** (prescription and over the counter); *any* prescription medication must be brought to the Youth Awareness Congress and given to the **Assistant Director of Membership**, Activities & Heart of the Community, **in the original prescription bottles** with legible labels. Moose International will take possession of the medication, and will administer the medications, keeping a detailed log to ensure consistent administration and accuracy of dosage.

SECTION 6 - MEDICATIONS

MEDICATION	REASON NEEDED	DOSAGE (Quantity & Times)

SECTION 7 - FOOD LIMITATIONS

Please list any foods your child will **not** be able to eat due to allergic reactions or religious beliefs, while at the Youth Awareness Congress.

Please provide alternative suggestions so lodges and other program hosts have time to make alternate arrangements.

FOOD CAN <u>NOT</u> EAT	REASON	ACCEPTABLE ALTERNATIVES

THANK YOU for taking the time to provide us with your child's detailed medical information. We want to team up with you to do all we can to ensure their safety every step of the way!