

**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 ([slarosa@mooseintl.org](mailto:slarosa@mooseintl.org)) we cannot guarantee confidentiality. All emailed items will go to the Coordinator of Activities & HOC Will Harrison and the Executive Assistant Sherry LaRosa. 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 (Name of State) \_\_\_\_\_ Moose Association (“Association”), nor (Lodge Name) \_\_\_\_\_ 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, this includes any and all food and/or religious restrictions, 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 AN EMAIL WE CAN USE 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**

<b>MEDICATION</b>	<b>REASON NEEDED</b>	<b>DOSAGE (Quantity &amp; Times)</b>

**SECTION 7 - FOOD LIMITATIONS**

**TO ASSIST IN MEAL PREPERATION IN VARIOUS LOCATIONS**  
**PLEASE ONLY LIST**  
**FOOD ALLERGIES OR RELIGIOUS RESTRICTIONS**

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

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

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!