



Order Of The Knights Of Pythagoras
Ralph Kemp, Sr. Council
Emergency Medical Authorization & Release Form



This form authorizes Emergency Medical Treatment For: _____

Child's Name

In case of injury on In-Town or Out-of-Town trips. Parents can be reached at:

Address: _____ Phone No. _____ Cell No. _____

Place of Employment _____ Phone No. _____

If I cannot be reached at either of the above numbers, please contact:

	Name	Relationship	Phone No.
<u>In-Town:</u>	Physician _____		Phone No. _____
	Dentist _____		Phone No. _____
	Health Insurance _____		Phone No. _____
	Policy No. _____		

Out-of-Town

In case of injury or sickness this form gives my permission to a qualified physician or dentist or Emergency Room to give medical attention to my child as needed.

***** Parent (s) Signature: _____ Date: _____**

MEDICAL HISTORY: Allergies _____
 Past illnesses _____

Is the child healthy and able to participate in activities in hot weather? _____

Is the child now taking any type of medication? _____

Does the child have any type of disabilities? (Such as wearing glasses, braces, etc.) _____

Release of Liability

WHERE WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION BY RELEASE AND AGREE TO HOLD HARMLESS THE ORGANIZERS, SPONSORS, SUPERVISORS AND PERSONS TRANSPORTING OUR YOUTH.

I, the parent hereby hold the Most Worshipful Prince Hall Grand Lodge, the Ralph Kemp, Sr. Council, and all other councils of the Knights of Pythagoras, State of Georgia & Jurisdictions harmless of any and all liability while my child is participating in the program. This document will remain in effect for one year from the date provided below.

*** **Parent (s) Signature: _____ Date: _____**

