



GREAT PLAINS DEMOLAY LEADERSHIP CONFERENCE
MEDICAL RELEASE FORM

Parental Permission

GPDLC Participant Name: (please print)

As the parent or legal guardian of the DeMolay, I hereby give my permission for the Staff at the Great Plains Leadership Training Conference of the Order of DeMolay to enter the above person in a hospital or medical care facility of their choosing.

I realize that the attendees of the GPDLC will be engaged in strenuous outdoor activities and physical activities related to the conference program. To the best of my knowledge, there is no reason why the above participant should not be allowed to participate in Conference activities.

I agree, upon notification from the Director or other designated Staff member to pick up my son or ward if the Conference deems it necessary that he be removed from the site. In addition, I agree on behalf of my son or ward that his room be entered and searched by at least two (2) members of the Conference Staff if deemed necessary by the Conference Director.

Parent/ Guardian Signature Date

Home Phone ()

Cell Phone ()

Please provide approval to attend the GPDLC:

Chapter Advisor Signature Phone Number

HEALTH INSURANCE

DeMolay provides SECONDARY health insurance on each GPDLC participant, the name of and the policy number of each GPDLC attendee must be included:

Name of Insurance

ID or Group Number

HEALTH HISTORY

Please list any illnesses we should be aware of:

- Appendicitis, Ear trouble, Hernia (Rupture), Asthma, Epileptic Seizure, Rheumatic Fever, Convulsions, Fainting, Throat Infections, Cramps in water, Frequent Colds, Sinus Trouble, Diabetes, Heart Disease, Other:

Any medications currently being taken:

Any known allergies: