



### Medical Release Form

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I hereby release Colorado DeMolay from responsibility and liability for any illness or injury that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me, to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Numbers 1) \_\_\_\_\_ 2) \_\_\_\_\_

Medical Information (Required for all activities)

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical Handicaps \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_

You will not be allowed to participate without a permission slip signed and on file.