



# Maryland Order of the Knights of Pythagoras Emergency Medical Authorization & Release Form



This form authorizes Emergency Medical Treatment For: \_\_\_\_\_

Childs 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.

<b>In-Town:</b>	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, of Maryland and the Maryland councils of the Knights of Pythagoras, State of Maryland & 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:** \_\_\_\_\_

(Note: Parents must sign in both places and return this form back to the Advisor of the council. This form must be returned in order for the Youth Knight to participate in KOP activities).