



Texas-Oklahoma District
Key Club International
MEDICAL RELEASE

Student name _____

Position _____ School name _____

Parent/guardian name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

In case of an emergency, please contact:

Primary contact _____ Relation to Student _____

Daytime phone _____ Nighttime phone _____

Alternate contact _____ Relation to student _____

Daytime phone _____ Nighttime phone _____

Medical Information

Health Insurance Company _____ Policy Number _____

Telephone number or contact information shown on the card _____

Will the student be taking any prescription or over-the-counter medication of any type?

If so, please list: _____



Student name _____

Has the student ever been or is the student currently being treated for any of the following:

Nervousness	Yes	No	Headaches	Yes	No
Epilepsy	Yes	No	Fainting spells	Yes	No
Heart condition	Yes	No	Asthma	Yes	No
High blood pressure	Yes	No	Diabetes	Yes	No
Cancer or tumors	Yes	No	Allergies to food or medications	Yes	No

List all allergies to food or medications: _____

Please provide any other medical concerns that we should be aware of _____

In the case of a medical emergency, I understand that every effort will be made to contact the emergency contacts listed on this form. In the event, those persons cannot be reached, or time does not permit, I hereby give permission to a licensed physician or other medical providers to provide proper treatment including, but not limited to, hospitalization, injections, anesthesia, and/or surgery for the above named Key Club member. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, and FOREVER DISCHARGE Key Club International, Texas-Oklahoma Kiwanis District, and their officers, directors, employees, parents, and subsidiaries.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Print Name _____