



## **Consent to Attendance at KIWIN'S Events and Medical Authorization**

I am a parent or legal guardian of \_\_\_\_\_ (my child) and give my consent as follows:

1. for my son/daughter to attend all official functions of the California-Nevada-Hawaii KIWIN'S.
2. my son/daughter to be transported to these events by scheduled commercial transportation or an adult operated vehicle.
3. any responsible adult who is acting as a chaperone for my child is authorized to obtain any medical and/or dental treatment for my child which the chaperone in their sole discretion may deem necessary. Any medical doctor, dentist, hospital or other treatment facility is requested to cooperate with the chaperone if they request medical or dental treatment for my child. This medical authorization shall include but shall not necessarily be limited to hospitalization, out patient treatment, the giving of medications, injections, blood transfusions, surgery, x-rays, physical therapy or any other forms of medical or dental treatment whether or not specifically listed herein; provided however, that the adult consenting or authorizing such treatment shall have first attempted to contact me at the telephone number set forth below unless the need for treatment results from emergency situations that require immediate treatment such that a prior attempt to contact me is not practical or reasonable.

My child has the following known allergies or medical conditions: (none) \_\_\_\_\_

\_\_\_\_\_

My child is taking the following medications: (none) \_\_\_\_\_

\_\_\_\_\_

Medical Insurance      Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Dated: \_\_\_\_\_

(parent) (legal guardian)

(emergency phone number)