

Military Order of the World Wars
26th Annual Arizona Youth Leadership Conference
Glendale, Arizona

PART I PARENTAL AUTHORIZATION AND RELEASE

PART II PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

PART III MEDICAL HISTORY OF STUDENT

PLEASE PRINT OR TYPE ALL DATA

Date: _____

We, or I, the undersigned being the natural parent(s) or the designated legal guardian(s) of _____ Age ___ Date of Birth-MO. ___ Day ___ Year ___, authorize his/her attendance at the Military Order of the World Wars (MOWW) Arizona Youth Leadership Conference (AZYLC) to be conducted at ASU West, Glendale, AZ during the period from **14-18 June 2016**. The _____ Chapter of the MOWW is the designated sponsor and will provide expenses for the student's transportation, tuition, room and board.

PART I AUTHORIZATION AND RELEASE

In consideration of the payment of the conference fee, the undersigned hereby release and contract to hold harmless the MOWW, the AZYLC, ASU West and the _____ Chapter of the MOWW from any and all liability and/or responsibility for the student's welfare, well being, and control for the period of the conference (including the day of departure if the chapter provides transportation until the day of return).

PART II PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Health Insurance Company _____ Family Doctor _____

Insurance Policy No. _____ Doctor's Phone No. (____) _____

I/we the undersigned parent/guardian of the above named student, do hereby authorized the Director of the MOWW-AZYLC or his designated staff member, as agent for the undersigned, to consent to any x-ray, examination, surgical diagnosis, treatment and hospital care which is deemed advisable by, and which is under the general or specific supervision of any physician or surgeon licensed under the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to provide care, which the aforementioned physician, in the exercise of his best judgment may deem advisable.

This authorization will be in effect for the duration of the conference unless sooner revoked in writing and delivered to the Director of AZYLC.

PART III MEDICAL HISTORY

Date of last complete physical examination: _____

Has it ever been necessary to restrict the student's physical activities for medical reasons?

If yes, explain: _____

Is the student now under medical care or regularly taking any medication? _____

If **YES**, explain and list **ALL** medications: _____

Has there been any significant surgery, injury, illness or change in the student's health status since last physical? _____ If yes, explain _____

Date of Immunizations **are critical**: Tetanus: _____, Diphtheria: _____ Polio: _____
Measles: _____, Influenza: _____, Pertussis: _____, Other _____.

EMERGENCY MEDICAL INFORMATION (*Emergency Phone # mandatory)

IF SUBJECT TO ANY OF THE FOLLOWING, PLEASE CHECK AND EXPLAIN

_____ Allergy to any plant, food or animal: _____

_____ Allergy to any drug or insect toxin: _____

_____ Any condition requiring regular medication or diet or special care: _____

_____ Asthma: _____ Convulsions: _____ Heart: _____ Diabetes: _____ Other (explain): _____

The information contained on these medical reports will be handled with extreme care and will only be used by authorized AZYLC or medical personnel.

By our signatures hereto we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the Military Order of the World Wars.

Signature: _____ Signature: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Telephone* _____

State of _____ **County of** _____

On this _____ day of _____, 2016 before me the undersigned Notary Public, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and acknowledge that he or she executed the same for the purposes therein contained.

Witness my hand and official seal: _____

My commission expires: _____

Approved: MOWW Chapter _____

By: _____
Name Title Date

TO BE COMPLETED BY AZYLC PERSONNEL

Designated AZYLC Medical Person

AZYLC Director