



EMERGENCY MEDICAL TREATMENT AUTHORIZATION – ADULT

Please type or print all information. This form is required for all Advisors/Chaperones attending designated WI-UM events or activities.

Name _____
Last name First name Middle Initial

Mailing Address _____
Street Address

City State/Province Zip Code

Emergency Information

In case of emergency, please contact: _____ Relationship to member _____

Daytime phone _____ Night-time phone _____

Alternate contact _____ Relationship to student _____

Daytime phone _____ Night time phone _____

Medical Information

Health Insurance Company _____ Policy Number _____

Group Name on Insurance Coverage _____

Telephone number or other contact information shown on insurance card _____

Have you ever been or currently being treated for (circle "Yes" or "No")?

Nervousness?	Yes No	Rheumatic Fever?	Yes No	Asthma?	Yes No
Convulsion or epilepsy?	Yes No	Cancer or tumors?	Yes No	Diabetes?	Yes No
Heart Condition?	Yes No	Headaches?	Yes No	Allergies to medication?	Yes No
High Blood Pressure?	Yes No	Fainting Spells?	Yes No		

List any allergies or other medical conditions of which we need to be aware: _____

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician *or other licensed medical provider*, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named attendee. On behalf of myself I hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** WIUM Key Club District of Key Club International and its officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Key Club International for obtaining medical emergency services for said conference attendee pursuant to this authorization.

Signature _____ Date _____

Please submit original to Key Club DCON office and make a copy to keep on your person throughout the event.