

JUNIOR OPTIMIST OCTAGON INTERNATIONAL

Parental Consent, Insurance Information, Consent For Emergency Medical Treatment & Medical History Form

Please note that this form contains **four** sections. All four sections need to be completed properly (including the required signatures) in order for any delegate to be allowed to attend the JOOI convention.

***This form MUST be in the possession of the designated chaperone(s) before travel begins and remain with them the entire time that the participant is in their care. Also, please send a copy to Optimist International prior to attending the JOOI Convention.**

JOOI Delegate's Name: _____

Designated Chaperone(s): _____

SECTION I - PARENTAL CONSENT

We/I hereby give permission for the above-named JOOI delegate to attend the International JOOI Convention. The undersigned hereby release and discharge Optimist International and its employees from any and all claims, demands, suits, actions or causes of action which we/I may or shall have, by reason of any illness, injury or accident, incurred or suffered by the above-named participant by attending this convention and while on the premises of the convention site or participating in convention activities regardless of how caused or occasioned.

Date: _____

Signature(s) of Parent(s) or Guardian(s): _____

Relationship(s): _____

Telephone (Home): _____ (Work): _____

SECTION II - INSURANCE

Notice: Optimist International does not carry medical insurance to cover participants. All participating JOOI Board members and delegates must be covered by personal or family insurance.

We/I hereby certify, under penalty of perjury, that the above-named JOOI delegate is covered by medical insurance. Insurance information is as follows:

Insurance Company: _____

Policy/Group Number: _____

Emergency Number: _____

Date: _____

Signature(s) of Parent(s) or Guardian(s): _____

Relationship(s): _____

Telephone (Home): _____ (Work): _____

SECTION III - PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that our child, _____, becomes ill or sustains an injury while under the supervision of the Optimist International staff, we/I hereby give permission to administer first aid for our child's relief. If it is not practical to return our child to us, or to receive instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our child is taken for treatment to administer such treatment, drugs and medicines, and to perform such surgical procedures as he/she shall consider necessary for the relief of pain and preservation of our child's life and health.

We/I understand and agree that while the Optimist International staff may seek medical treatment for our child, we/I hereby release and discharge Optimist International and its staff from any and all claims that we/I may or shall have by reason of arranging for such medical treatments or from failure to seek such medical treatments.

Date: _____

Signature(s) of Parent(s) or Guardian(s): _____

Relationship(s): _____

Telephone (Home): _____ **(Work):** _____

SECTION IV - DELEGATE'S MEDICAL HISTORY

The health, medical history and immunization records for _____ have been reviewed. There are no objections for participation at this convention for health-related reasons.

Please complete the following as pertains to the JOOI delegate:

Allergies: _____

Medications and Dosage Information: _____

Date of most recent physical examination: _____

Date of most recent tetanus toxoid immunization: _____

Comments/Special Problems: _____

Date: _____

Signature of Physician: _____ **Phone Number:** _____

Office Address:

Street: _____

City: _____ **State/Prov:** _____

ZIP/Postal Code: _____