

**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 2011 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 to be held at the **Baltimore Renaissance Harborplace Hotel (July 5-7, 2011)** and additional travel days as required. 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):** \_\_\_\_\_

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**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):** \_\_\_\_\_

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**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:** \_\_\_\_\_