

DeMolay Authorization Form

Authorization to attend DeMolay Events and authorization for Emergency Medical Treatment

Please type or print all information. This form is required for all Parents, Children under 18, and Participants over 18 attending Oregon State Council and _____ Chapter sponsored events. The parent, legal guardian, or person in loco parentis for those under 18 years of age must complete this form for their minor.

Chaperone name and cell phone

First Middle initial Last

Mailing address _____

Note: An adult chaperone faculty member, parent, legal guardian, or person who is in loco parentis, over the age of 21, and registered with and accompanying the minor at the event or activity.

City State/province Zip/postal code Nation

Gender _____ Child's Cell Phone _____

Birth date: Month _____ Day _____ Year _____

Emergency information

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

Phone (_____) _____ Cell phone (_____) _____

Alternate contact _____ Relationship to member _____

Phone (_____) _____ Cell phone (_____) _____

Medical information

Health insurance company _____ Policy number _____

Group name on insurance coverage _____

Telephone number or other contact information shown on insurance card _____

Will the participant be taking any prescription medication or over-the-counter drugs of any type? _____

If yes, please explain _____

Has he/she 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 _____

(1) I am the parent or legal guardian for the above-named participant and give my permission for them to attend DeMolay events sponsored by the Oregon State Council, Order of DeMolay and _____ Chapter that are identified above ("Event"). I have read and understand the "**Assumption of the Risk and Waiver of Liability Relating to Infectious disease**" on the reverse side of this form. I promise that I have faithfully completed the "**Health Checklist**" on the reverse side of this form. I understand that a failure to complete the checklist may result in the dismissal of the above-named participant from the Event. I hereby certify that the information provided above is correct.

(2) In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above to obtain permission for proper treatment of the above-named participant. 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 participant. On behalf of myself and the above-named participant, I/we hereby **RELEASE, WAIVE AND FOREVER DISCHARGE** the Oregon State Council, Order of DeMolay and _____ Chapter, participants and parents of participants, and their agents, successors or assigns from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, exposure to and complications of contagious diseases, liability for death or bodily injuries to any person or damage to any property that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against parents and participants or chaperons for obtaining medical emergency services for the above-named participant pursuant to this authorization.

Parent or guardian _____ Signature _____ Date _____

(3) Assumption of the Risk and Waiver of Liability Relating to Infectious Diseases

The World Health Organization has declared Covid-19 as a worldwide pandemic. Most health experts agree that Covid-19 is extremely contagious. Due to the contagious nature of Covid-19, state and local government agencies and officials recommend *social distancing measures and the wearing of masks*; some cities and states prohibit the congregation of groups of people, due to the contagious and deadly nature of Covid-19.

Each parent and participant attending an event sponsored by the Oregon State Council, Order of DeMolay or _____ Chapter ("Event") has agreed to collaboratively take preventative measures to reduce the spread of any infectious disease including but not limited to Covid-19. These measures include but are not limited to the following: filling out the medical questionnaire and "Health Checklist." Each participant should have his or her temperature taken prior to the trip to protect against exposure. These collaborative measures cannot guarantee that you or your child(ren) will not become sick because persons do not always show symptoms of diseases when such are communicable. Disease may be transmitted by a person who is not yet symptomatic. This means that our best individual efforts and collaborative efforts as a group may fail to identify an infected person in our group.

No parent can guarantee that his or her child is not infected, nor can he or she guarantee that you or your child(ren) will not become infected by a disease including but not limited to Covid-19. Attendance to the Event could increase your risk and your child(ren)'s risk of contracting a disease and carrying it home.

By signing this agreement, I understand that my child may be exposed to *highly* contagious diseases, including but not limited to COVID-19. I recognize that by participating in a group activity, there may be an increased risk of contraction. I understand that my participation in this event may increase my risk of exposure and infection. I understand that this increased risk of exposure and infection means that there may be an increased risk of personal injury, illness, permanent disability, and death. I understand that the spread of infection may be the result of others' actions, including the negligence, negligent omissions, or purposeful omissions of employees, volunteers, participants, participants' families and other community members.

By signing this agreement, I voluntarily agree to assume all of the risks mentioned herein. By signing, I accept sole responsibility for any injury to me or my children related to any infectious disease including but not limited to Covid-19. These known risks to my child(ren) or myself, include but are not limited to the following: personal injury, disability, death, illness, damage, loss, claim, liability, and related expenses. I hereby relieve each parent and participant of any and all liability, that my child(ren) or myself may experience or incur in connection with me or my child(ren)'s attendance at any event or meeting sponsored by the Oregon State Council, Order of DeMolay or _____ Chapter.

By Signing this Agreement, I/WE HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE of participants and parents of participants: on my behalf of myself and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Oregon State Council, Order of DeMolay and _____ Chapter, parents, participants, employees, agents, volunteers, and representatives, of Claims related to having been exposed to an infectious disease including but not limited to Covid-19 exposure. This includes all liabilities, claims, actions, damages, costs or expenses of any kind arising or related to increased risk of exposure (including any and all claims and persons mentioned on page one, section 2 of this form).

By Signing this Agreement, I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Oregon State Council, Order of DeMolay, _____ Chapter, its employees, agents, volunteers, chaperones, and representatives, whether an infection is contracted or is discovered before, during, or after participation in a sponsored event.

Signature of Parent/Guardian

Date

(2) Health Checklist

By signing this Agreement, I promise that I have performed the "Health Checklist" in good faith in order to preserve the health of myself and the health of other participants. ***Please check (yes or no) on the corresponding line and sign.***

Yes No

___ ___ Do I have a cough?

___ ___ Have I been exposed to someone with a cough that could have transmitted Covid-19 to me?

___ ___ Do I have shortness of breath?

___ ___ Do I have difficulty breathing?

___ ___ Have I been exposed to someone with shortness of breath that could have transmitted Covid-19 to me?

___ ___ Am I experiencing any of the following symptoms (fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, nausea, vomiting, or new loss of taste or smell)?

___ ___ Have I been exposed to anyone with the following symptoms (fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, nausea, vomiting, or new loss of taste or smell)?

For your own safety and the safety of all event participants: If you checked "yes" to any of the above questions, and there is not an ongoing condition to which these symptoms are attributable, please refrain from attending the Event. If you have an ongoing medical condition, your risks (mentioned in section 3) may be heightened, or your condition may mask recently contracted Covid-19. In this case, please seek medical treatment, advice, and approval prior to attending Event, and/or refrain from attending Event.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)