



Authorization to Attend Convention and Emergency Medical Treatment

Aktion Club Members attending designated Aktion Club activities must complete this form and when required have it signed by the parent, legal guardian, or person In loco parentis for the member .

I hereby certify that the medical files for the Aktion Club

_____ are in good standing and on-file in case of a medical emergency.

Name: _____

Date: _____

Position with Aktion club: _____ *(ie advisor, agency staff member, etc.)*

