



Upon completion please keep a copy for your records and send the original along with the Aktion Club Convention Registration forms to:

Ohio District Kiwanis Office:
6161 Busch Blvd, Suite 220
Columbus, Ohio 43229
Attn: 2009 Ohio Aktion Convention

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 .

Aktion Club Member

Name _____

Address _____

City, State, Zip _____

Sex Male Female

Emergency Information

In case of emergency, please contact: _____

Daytime phone _____

Alternate Contact: _____

Daytime phone _____

Medical Information:

Health Insurance Company: _____

Group name on Insurance Coverage _____

Telephone number or other contact information shown on insurance card: _____

Will Aktion Club member be taking any prescription medication or over the counter drugs of any type? Yes No

If yes, please explain (please attach list or explanation to this sheet).

Has he or she ever been or currently being treated for:

Numerousness? Yes No

Convulsion or Epilepsy? Yes No

Heart Condition? Yes No

High Blood Pressure? Yes No

Rheumatic Fever? Yes No

Cancer or Tumors? Yes No

Head aches? Yes No

Fainting Spells? Yes No

Asthma? Yes No

Diabetes? Yes No

Allergies to Medication? Yes No

Ulcers? Yes No

List any allergies or other medical conditions of which we need to be aware (please attach list or explanation to this sheet).

I am the parent or legal guardian for the above named Aktion Club member, and give my permission for him/her to attend the convention, conference and or other event(s) sponsored by Aktion Club International or the Ohio District. I also have read and understand the code of conduct form and I understand that a violation of certain provisions of these rules may result in the dismissal of my Aktion Club member from the event. I hereby certify that the information is correct.

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 medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery for the above named Aktion Club member. On behalf of myself and my ward, I/we hereby **RELEASE, WAIVE, AND FOREVER DISCHARGE** Aktion Club International, Ohio Kiwanis District and their officers, directors, employees, parents and subsidiaries, agents from any and all claims, liabilities, causes of action, 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 Aktion Club International or the Ohio Kiwanis District for obtaining medical emergency services for said Aktion Club member pursuant to the authorization.

I also agree to allow the Ohio District Kiwanis Aktion Clubs to use photos in promoting the Annual Aktion Club Convention and Aktion Clubs in Ohio.

Parent or Guardian (Print Name) _____

Signature _____