***Consent/Medical/Insurance Form (sample)***

**AGO Convention Youth Attendance/Participation Consent Form**

**This document should be in the possession of the Convention Coordinator, overnight lodging chaperones, and every adult who supervises participants who are minors.**

**PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK PHONE** ( ) **\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN’S EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL INSURANCE COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POLICY GROUP NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY PHYSICIAN (name and phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list any allergies (including those of medicines and food) or physical limitations that should be considered. List dosages of medications currently being taken:

Allergies/Limitations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications/Dosages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of serious accident or illness, if you cannot be contacted, do you grant permission to take your son/daughter to a physician or hospital, and do you consent to any emergency treatment? Please **initial** yes or no.

YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_

Do you have any dietary requirements? If so, please explain briefly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* The undersigned participant and parent/guardian hereby consent to participation by the participant in the \_\_\_\_\_\_\_\_ Chapter AGO Convention at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ [date].
* We understand that the chaperones are volunteering their time to assist coordinators and participants in getting to and from events and monitoring their behavior in the residence hall at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The chaperones cannot assume responsibility for the behavior of individual participants.
* We hereby waive any claims against, and release, and forever discharge any liabilities of any and all AGO Convention coordinators, faculty, and chaperones, for any damage or injury to the participant or his or her property that may occur during the event.
* We certify that the participant has no known medical problems or allergies, is not taking any medications and has not recently been exposed to any communicable diseases, except as described above. We hereby grant permission to any doctor, dentist, nurse, paramedic or other licensed health professional to treat the participant should the need arise. Any chaperone may give any additional medical consent that may be requested.
* We understand that if a medical problem or condition arises, every reasonable attempt will be made by any chaperone to contact the parent/guardian.
* We agree that if the participant should have to be sent home due to any medical condition, that this should be determined by one or more chaperones and at least one medical doctor.
* We, the parent/guardian, acknowledge our responsibility for any problem created by the participant during the AGO Convention, including any disciplinary or other non-medical problem. If the participant must be sent home for medical or disciplinary reasons, we the parent/guardians agree to pay for the travel expenses or to reimburse for any such costs paid by others.
* If any emergency or any problem of any kind arises concerning the participant, every attempt will be made to reach the parent/guardian named above at the phone numbers set forth. If it is impossible to reach these responsible individuals, we hereby consent and give authority to one or more chaperones to take such action as is reasonably necessary under the circumstances, and we do hereby release and forever discharge any and all chaperones, coordinators and faculty of the AGO Convention from any claims, liability or causes of action whatsoever regarding any damages, costs, injury, or demands whatsoever in law or in equity to the participant or his or her property resulting from their acts or actions.
* The undersigned parents/guardians of the enrolled AGO Convention participant assume full responsibility for all physician/medical/surgical/rehabilitation expenses and liabilities in connection with the participant's attendance at the AGO Convention.
* We, parents/guardians and participants, pledge that during the entire AGO Convention there will be no purchase, transportation or use of any intoxicating beverages, drugs, or other hazardous or abusive substances. If such occurs, the participant will be sent home immediately. The participant will respect the facilities at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will abide by the regulations set forth by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and chaperones.
* We, parents/guardians and participants, give our permission for photographs or videotapes to be taken during the AGO Convention events. These may be used for promotional purposes.

Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return by \_\_\_\_\_\_\_\_\_ to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Convention Coordinator

[address]