



Medical Release

Massachusetts DeMolay • 186 Tremont Street, Boston, MA 02111-1095 • 617-423-7040 • www.massdemolay.org

General Purpose Chapter Medical Release Form

NOTE: A separate medical release form is required for statewide events such as Conclave, and will be distributed when necessary with the registration for those events. This form is intended solely as a general medical release form for chapter functions.

Member: _____ Birth Date: _____

Address: _____ Phone: _____

City, State, ZIP: _____

Parent / Guardian Phone: _____

HEALTH HISTORY

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Cramps in Water | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hernia | <input type="checkbox"/> Throat Infection |
| <input type="checkbox"/> Diabetes | | | |
| <input type="checkbox"/> Other: | | | |

Allergies: _____

Current Medications: _____

HEALTH INSURANCE COVERAGE

My family health insurance and its policy number are:

Insurance Company: _____ Policy No.: _____

CONTACT IN CASE OF EMERGENCY, ACCIDENT, OR SERIOUS ILLNESS

Name: _____ Relationship: _____

Address: _____ Telephone: _____

CONSENT TO MEDICAL TREATMENT

In the event that you are unable to notify either me or the undersigned parent or guardian, I hereby appoint and authorize any registered DeMolay Advisor so designated to secure whatever medical or surgical care is deemed necessary or reasonable.

In the event that Member is transported to a local hospital, I hereby authorize a physician or physicians of that hospital to administer treatment and do other procedures that in their judgment may be necessary.

X _____
Signature of Member

X _____
Signature of Parent / Guardian
(if member is less than 18 years old)