

**parent or legal guardian consent and release form**  
**Must be completed!**      Please Print Clearly

I am the Parent/Guardian of \_\_\_\_\_ (Student Participant)

**Consent for Attendance**

I hereby give permission for the Participant to attend the NJ State Elks Association Peer Leadership Conference in Long Branch, NJ on February 5<sup>th</sup> to 7<sup>th</sup>, 2010. The above name individual shall be allowed to participate in all above mentioned informational and physical activities and workshops.

**Medical Consent**

I hereby authorize appropriately trained personnel (EMT), or other medical personnel designated by the Elks, to administer first-aid treatment to the Participant, if necessary. In the event that the Participant suffers a serious injury or illness, I understand that the Elks will notify me as soon as possible to obtain my approval for treatment. If I am unavailable, I designate the following people to give such consent:

Name	Address	Day Phone	Evening Phone
A _____			
B _____			

In the event that efforts to contact me or my designees are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment including surgery which he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible. I further give my permission for the Participant to receive aspirin, Tylenol or other over-the counter medicine under the supervision of the EMT on-site.

**Payment for Medical Treatment**

I agree to be responsible for paying any medical bills, either directly or through insurance payments, which may result from any treatment deemed necessary by medical personnel.

**\* THIS MEDICAL INSURANCE INFORMATION MUST BE COMPLETED OR FORM WILL BE RETURNED**  
**The Participant is covered by the following insurance policy(ies): or I have no medical insurance**

Policy Name: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Identification or Group Numbers: \_\_\_\_\_

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Ins. Co. Phone Number: \_\_\_\_\_ Ins. Co. Address: \_\_\_\_\_

**Consent for Photographs**

I hereby give permission for photographs to be taken of participant, and for photographs in which participant is included to be used for purposes of publicity of the Elks Conference or the New Jersey Prevention Network, a not-for-profit agency.

**Release of Liability**

For and in consideration of the participation of the participant in Elks program(s), I hereby release and hold harmless NJ State Elks' Association, Prevention Links, Inc., and the NJ Prevention Network, their officers, employees, volunteers or agents, and any medical personnel they select, from any and all liability or damages including accidental injury or illness which may occur during the Participant's attendance at Elks Conference. Signature of Parent or Guardian (*Example: Mary Jones, Mother*)

Name of Parent or Guardian \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Place of Business \_\_\_\_\_ Job Title \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_