

LIONS CLUBS OF NEW YORK STATE AND BERMUDA, INC.

MEDICAL AUTHORIZATION AND RELEASE

LEO CLUB member name: _____

Home Street Address: _____

City/Town _____ Zip _____

Home phone: () _____

Authorization and Release

In case of emergency, officials of the Lions Clubs of New York State and Bermuda, Inc., are hereby authorized to arrange for medical or dental treatment for the above named Leo Club Member. This includes transportation to the emergency room, first aid treatment and other action deemed necessary by the official, medical staff or dentist. I understand that the Lions Clubs of New York State and Bermuda, Inc., cannot assume responsibility for the payment of medical fees or expenses incurred. I hold the Lions Clubs of New York State and Bermuda, Inc., harmless for any claim for damages.

Date

Signature of Parent or Guardian

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME _____ PHONE _____

Family Physician _____ Phone _____

Insurance Carrier _____ ID# _____ Group# _____

Allergies/special medical conditions _____

Currently on medications Yes____ No____

Immunizations on record and current Yes____ No____