

Massachusetts DeMolay • 186 Tremont Street, Boston, MA 02111-1095 • 617-426-6040 x4231 • www.mademolay.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.)

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)*