



**Washington DeMolay**  
 1111 A Street, Suite 1919  
 Tacoma, WA 98402  
 253-380-8193  
 office@wademolay.org

**2021**

**Parental Consent/Medical Release**

**Chapter**  **Youth Name**

I, the undersigned parent or legal guardian of the above named youth, do hereby give my consent and permission for him/her to participate in activities of the above named Chapter, Order of DeMolay, or the activities and events of Washington DeMolay, and activities and events of DeMolay International.

I hereby give specific consent for the above named youth to participate in all activity (ies) of the above named Chapter, Order of DeMolay.

In case of accident or illness, I give my permission for any DeMolay Advisor to seek medical attention deemed necessary at the time, for my son/daughter. I hereby authorize any adult DeMolay Advisor present to seek and secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary in their opinion, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I acknowledge that neither DeMolay International nor Washington DeMolay nor the above named Chapter maintain any medical insurance and that I will be responsible for all medical costs. I will indemnify and hold DeMolay International, Washington DeMolay and the above named Chapter harmless for the costs of medical care regardless of whether such care may later be considered unnecessary. I have completed the information below, and realize it will be used only as outlined above. I understand that every reasonable effort will be made to contact me prior to treatment. In the case of an emergency and I cannot be reached, I authorize the following named person to act on my behalf:

**Name**  **Relationship**  **Phone**

I further agree to release and hold harmless the above named Chapter, DeMolay International and Washington DeMolay and it's agents from any and all claims or causes of action which may arise out of my son's/daughter's travel to and from, participation in and attendance at any planned event or function. He/She may participate in all activities except:

(List Exception)

I or my son/daughter understand that while on the way to, in attendance at, or returning from any DeMolay function or event, I/we are obligated to follow the rules and guidelines of DeMolay International, Washington DeMolay and the above named Chapter as well as my obligations as a DeMolay, Sorority member, parent or guest of a DeMolay or Sorority member. The possession or use of alcohol, tobacco or non-prescription drugs is strictly prohibited. If, in the opinion of a DeMolay Advisor, myself, my son or daughter is in violation of any of the rules and guidelines stated or implied above, I or my son or daughter will be sent home at my own expense with a forfeiture of any fees. A complete report will be provided to the Executive Officer for possible action(s) in addition to those taken by the Chapter Advisory Council. I understand that permission expires **12/31/2021** and must be renewed annually. **A photocopy or electronic scan of this release has the same force and effect as the original.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING BY PRINTING THE ANSWERS CLEARLY:**

**Youth Name**  **Parent/Guardian**

**Address**

**City**

**State**  **Zip Code**

**Phone**  **Cell**  **Phone**  **Cell/Work**

**Youth's Doctor**  **Doctor's Phone**

**Allergies to Medicine**

**Prescriptions Now Taking**

**Insurance Carrier**  **Policy Number**