

**EMERGENCY MEDICAL AUTHORIZATION AND
HOLD HARMLESS CLAUSE**

FOR ALL YOUTH COUNCILS AND YOUTH ATTENDEES

Members Name

Telephone No.

Parents/Guardian Name and Address

PURPOSE: To Enable Parents and Guardians to authorize the provision of emergency treatment for children who become ill while under the Elks authority, when parents or guardians cannot be reached

PART ONE (1) TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (telephone) or _____ (telephone), other parent or guardian at _____ (telephone) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary, or (2) transfer the child to the nearest hospital.

NOTE: This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medication being taken, and any physical impairments to which a physician should be alerted: _____

Signature _____

Date _____

PART TWO (2) REFUSAL TO CONSENT

(Part two (2) does not need to be completed if you completed part one (1))

I do not give my consent for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment. I wish the authorities to take no action or to _____

Signature _____

Date _____

HOLD HARMLESS

I, _____ Parent/Guardian of _____
agree to indemnify, defend and hold the Improved Benevolent Protective Order of Elks of the
World, Inc., its Officers and Members, harmless; with respect to any and all claims and/or liabilities
for any actions taken by the National Youth Council, which are related to or otherwise associated
with events of the National Youth Center's participation by my child.

I agree not to sue the Improved Benevolent Protective Order of Elks of the World, Inc. and officers
and/or any of its members with respect to any matter arising from my child's participation
sponsored by this youth council or department.

The parties here to confirm that this agreement has been read fully, understood and entered into
freely, and without duress or misrepresentation,

Agreed and accepted this _____ day of _____

Parent/Guardian

Witness

Youth Advisor