

# Vancouver Elks Lodge #823

BENEVOLENT AND PROTECTIVE ORDER OF ELKS  
11605 Southeast McGillivray Boulevard  
Vancouver, WA 98683  
Phone: (360) 256-0823 Fax: (360) 892-5183  
lodge@elks823.com

## PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt. Number City Zip Code

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for calendar year \_\_\_\_\_, which carry with them a certain degree of risk. Some of these activities are swimming, boating, hiking, camping, field trips, sports, Lodge functions and other activities, which the Lodge may offer. I consent for my child to participate in these activities.

Please indicate any restrictions, health considerations, or medical conditions for your child:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I also understand and give consent for my child/youth to travel to and from these events in transportation provided by volunteer drivers.

### MEDICAL TREATMENT AUTHORIZATION

It is my understanding that the Lodge will attempt to notify me in case of a medical emergency involving my child/youth. If the Lodge cannot reach me, then I authorize the Lodge to hire a doctor or health-care professional, and I give my permission to the doctor or health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the Lodge if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date