

**New Jersey DeMolay  
Medical History and Release Form**

NOTICE: DeMolay and DeMolay Leaders of New Jersey do **NOT** provide medical insurance for participants in the events they sponsor. It is expected that the parent or guardian of each participant will be responsible for any and all injuries and medical bills incurred during any event.

**Identification of Minor Participant:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Status: Active DeMolay \_\_\_\_\_ Visitor \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The above named minor is subject to the following medical problems, known allergies and medications being taken:

NONE: \_\_\_\_\_ Condition/Medication \_\_\_\_\_

**Consent and Release**

I, undersigned parent or legal guardian of the identified minor, do hereby give my consent and permission for him/her to participate in all activities and events conducted by the DeMolay Leaders of New Jersey. I agree to release and hold harmless the DeMolay Leaders of New Jersey and their members, advisors and officers of the Order of DeMolay from any and all claims of cause of action, which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize and adult DeMolay advisor in attendance to secure and physician in attendance to provide such emergency treatments as deemed necessary by those present including, but not limited to, hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusion and medications. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

Signed: \_\_\_\_\_ Parent / Legal Guardian Date: \_\_\_\_\_

I may be reached at the following phone numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Other: \_\_\_\_\_

**Agreement**

I hereby agree to abide by the DeMolay Rules and Regulations, and the directives of the DeMolay Leaders of New Jersey, and it's duly authorized officers and representatives. I agree that, if in the opinion of any DeMolay advisor, I should be removed or asked to leave the event or activity, my parent or legal guardian will be obligated to make arrangements to transport me immediately from the site of the event to my residence of record at the expense of my parent or legal guardian.

Signed by Participant: \_\_\_\_\_

Signed by Parent / Legal Guardian: \_\_\_\_\_

**Medical Insurance Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Circle One: HMO POP POS