

Maryland Order of the Knights of Pythagoras Emergency Medical Authorization & Release Form



This form au	ithorizes Emergency Medical	Treatment For:		
	,	Ch	Childs Name	
In case of in	jury on In-Town or out-of-to	own trips. Parents can be reache	d at:	
Address:		Phone No	Cell No	
Place of Employment		Phone No	Phone No	
If I cannot b	e reached at either of the abo	ove numbers, please contact:		
		Name Relationship Phone N	jo.	
In-Town:	Physician	Pho	one No	
	Dentist		one No.	
		Pho	one No.	
	Policy No			
		Out-of-Town		
	jury or sickness this form giv cal attention to my child as n		physician or dentist or Emergency Room	
*** Parent (s) Signature:		Da	te:	
MEDICAL I	HISTORY: Allergies			
Past illnesses	3			
Is the child h	nealthy and able to participate	e in activities in hot weather?		
Does the chi	ld have any type of disabilitie	ation?es? (Such as wearing glasses, bra	ces, etc.)	
	J 71			
RELEASE A		ARMLESS THE ORGANIZE	L TO SUCH PARTICIPATION BY RS, SPONSORS, SUPERVISORS AND	
any and all lis		f the Knights of Pythagoras, Sta	ost Worshipful Prince Hall Grand Lodge, ate of Maryland & Jurisdictions harmless of ocument will remain in effect for one year	
* **Parent (s) Signature:			Date:	
			e Advisor of the council. This form must	

be returned in order for the Youth Knight to participate in KOP activities).