



AZYLC 2023

Military Order of the World Wars 30th Annual Arizona Youth Leadership Conference

This is a four-part form consisting of:

- Part I: Parental Authorization & Release;
- Part II: Parental Authorization to Consent to Treatment of a Minor;
- Part III: Delegate Medical History and
- Part IV: Photo release

***PLEASE PRINT OR TYPE ALL DATA**

Date: _____

Delegate's Name: _____
(AZYLC uses the term "Delegate" to refer to all students attending the conference)

Delegate's Age: _____ Date of Birth: _____ / _____ / _____
(on 30 June 2023) (day) ... (month) (year)

Chapter Sponsor: _____
(COL B. Stephens-Apache Trail, Phoenix, Santa Cruz Valley, West Valley)

We/I, the undersigned being the natural parent(s) or the designated legal guardian(s) of The Delegate listed herein authorize his/her attendance at the Military Order of the World Wars (MOWW) Arizona Youth Leadership Conference (AZYLC) to be conducted at ASU West, Glendale, AZ during the period from **10-13 July 2023**. The Chapter of the MOWW listed herein is the designated sponsor and will provide expenses for the student's transportation, tuition, room and board.

PART I: AUTHORIZATION & RELEASE

In consideration of the payment of the conference fee the undersigned hereby releases and contract to hold harmless the MOWW, the AZYLC, ASU West and the MOWW chapter from any, and all liability, and/or responsibility for The Delegate's welfare, wellbeing, and control for the period of the conference (including the day of departure if the chapter provides transportation until the day of return).

PART II: PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Health Insurance Provider: _____
Health Insurance Policy #: _____

Family Doctor: _____
Doctor's Phone #: () _____

I/we the undersigned parent/guardian of The Delegate, do hereby authorized the AZYLC Director or their designated staff member, as agent for the undersigned, to consent to any

x-ray, examination, surgical diagnosis, treatment, and hospital care, which is deemed advisable by, and which is under the general or specific supervision of any physician or surgeon licensed under the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to provide care, which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

This authorization will be in effect for the duration of AZYLC unless sooner revoked in writing and delivered to the Director of AZYLC.

PART III: MEDICAL HISTORY

Date of last complete physical examination: _____

Has it ever been necessary to restrict The Delegate's physical activities for medical reasons? If **yes**, please explain: _____

Is The Delegate now under medical care or regularly taking any medication(s)? If **yes**, explain and list **ALL** medications: _____

Has there been any significant surgery, injury, illness or change in The Delegate's health status since last physical? If **yes**, please explain: _____

Please certify that The Delegate is free of head lice. In cases where headlice are found, the AZYLC Director will inform affected students, their parents, the school contact and ASU West. Parents/guardians must return The Delegate home immediately, if notified that headlice are found.

Dates of Immunizations are **Critical**: Tetanus: _____ Diphtheria: _____ Polio: _____
Measles: _____ Influenza: _____ Pertussis: _____ Other: _____

EMERGENCY MEDICAL INFORMATION *Emergency Phone # is mandatory

IF SUBJECT TO ANY OF THE FOLLOWING, PLEASE CHECK AND EXPLAIN

_____ Allergy to any plant, food, or animal: _____

_____ Allergy to any drug or insect toxin: _____

_____ Any condition requiring regular medication, or diet, or special care: _____

Asthma: _____ Convulsions: _____ Heart: _____ Diabetes: _____

Other (please explain): _____

The information contained in this medical history will be handled with extreme care and will be used only by authorized AZYLC or medical personnel in the care of The Delegate.

PART IV: PHOTO RELEASE

I/we the undersigned parent/guardian of The Delegate hereby grant to AZYLC and MOWW the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of related photographs or videos for use in connection with the activities of the AZYLC or for promoting, publicizing or explaining the conference or its activities. This grant includes, without limitation, the right to publish such images in any of the wide variety of formats and media available, including, but not limited to, print, and electronic/online/social media.

By our signatures hereto, we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the Military Order of the World Wars.

Signature: _____ Signature: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

*Phone # _____ *Phone # _____

Approved: MOWW Chapter _____

By: _____

Name

Title

Date

TO BE COMPLETED BY AZYLC PERSONNEL

Designated AZYLC Medical Designee

AZYLC Director