

STANDARD GRANGE OUTSIDE ACTIVITY PERMISSION FORM

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Grange & Number: \_\_\_\_\_ County: \_\_\_\_\_

Event date, destination, & description: \_\_\_\_\_

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

EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

MEDICAL INFORMATION

Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems/Restrictions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

CONSENTS

EMERGENCY CONSENT: It is the policy of the New York State Grange and its divisions to notify a parent when a child is ill or needs medical attention. In situations where the parent cannot be contacted and immediate help for the child is needed, our procedure is to take the child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child. **I hereby give my/our consent for my/our child named above when ill or injured, to be taken to the nearest emergency center by the charge person or persons when we cannot be contacted. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for transport. I hereby agree to release the sponsoring Grange and its representatives from liability for any injury to the above named person resulting from any cause whatsoever while attending the above Grange sponsored event, excepting only such injury or damage resulting from willful acts of such representatives.**

PHOTOGRAPHY CONSENT: It is  permissible  not permissible for the NYS Grange and its divisions to use photographs of my child taken at the event for press, brochure, and publicity purposes, including electronic and social media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_