

# Permission Sheet

\_\_\_\_\_, is a member of \_\_\_\_\_ Chapter (Bethel, Assembly) Order of DeMolay, has my/our permission to travel to the Conclave to be held at **Salisbury State University** in Salisbury, Maryland on the Friday, July 25 (1:00pm) to Sunday, July 27, 2008 (4:00pm). I/We understand that he (she) will be traveling by private vehicle. I/We also understand that the accompanying advisor/ chaperone will make every effort to supervise and protect my/ our son (daughter), however, they shall not be responsible for accidents while in the advisor's/ chaperone's charge.

The advisor has the authority to have my/ our son (daughter) treated at an accredited medical facility in case of an emergency. I/We authorize treatment and request that the medical charges be placed against my/ our medical insurance, since DeMolay only carries liability insurance.

**Name of Insurance Company (required)** \_\_\_\_\_

**Policy Number (required)** \_\_\_\_\_

My son/ daughter has the following allergies or medical conditions:

My son/ daughter takes the following medication:

**Signed (required)** \_\_\_\_\_

Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

**Emergency Number (required)** \_\_\_\_\_

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