

Permission Sheet

_____, a member of _____ Chapter
Order of DeMolay, has my/our permission to travel to Congress being
held at **Camp Round Meadow** 14840 Manahan Rd., Sabillasville, MD
21780 on the Friday, March 3th, 2023 (5:00pm) to Sunday, March 5th,
2023 (11:00am). 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, however, they
shall not be responsible for accidents while in the advisor's/chaperone's
charge. The advisor/chaperone has the authority to have my/our son
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 has the following allergies or medical conditions:

My son takes the following medication:

Signed (**required**): _____

Parent or Guardian

Emergency Number (**required**): _____

Name: _____ Relationship: _____