

## Maryland DeMolay Permission Sheet

\_\_\_\_\_, a member of \_\_\_\_\_ Chapter (Bethel, Assembly) Order of DeMolay, has my/our permission to travel to Conclave being held at **Salisbury University** in Salisbury, Maryland on the Friday, July 14<sup>th</sup>, 2023 (2:00pm) to Sunday, July 16<sup>th</sup>, 2023 (4:00pm). I/We understand that he (she) will be traveling by private vehicle.

I/We also understand that the accompanying advisor/chaperon 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/chaperon 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

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

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