



Frank Allen Jr.  
Executive Officer for Rhode Island  
65 Ethan St., Warwick, RI 02888-3905  
(401) 785-4224

To the parents and/or legal guardians of members of DeMolay and friends participating in the Camping and Summer Party on August 21<sup>st</sup> to 22<sup>nd</sup> at the Shrine Masonic Center,

I/We the parents of \_\_\_\_\_ do hereby release Mr. Frank Allen Jr., other chaperones and the Rhode State Council, Order of DeMolay for the responsibility of injuries, illness, hospitalization of said DeMolay Member, or friend in connection with the above mentioned activity.

I/We also agree to carry sufficient medical insurance for my child to be covered for the above situations.

Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_

My child has the following allergies \_\_\_\_\_

My child usually takes the following medications \_\_\_\_\_  
\_\_\_\_\_ and has our permission to take them.

In the event that the adults use some of their own money for my child while at this event, I agree to refund the full amount to that adult within one week's time.

In the event that treatment and/or hospitalization is required, I agree to authorize Mr. Frank Allen Jr. to give permission for treatment if I were unable to be reached.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public