

KAPPA ALPHA PSI FRATERNITY, INCORPORATED
GUIDE RIGHT NATIONAL SERVICE PROGRAM and KAPPA LEAGUE PROGRAM
CONSENT, RELEASE & TRAVEL AUTHORIZATION AGREEMENT

Participant Full Name: _____ **Date of Birth:** _____

INFORMED CONSENT & PROGRAM PARTICIPATION

I acknowledge that participation in the **Kappa Alpha Psi Fraternity, Incorporated Guide Right Service National Program and Kappa League Program** may include educational programming, conferences and travel, overnight supervision, physical or recreational activities, and mentoring and leadership development. I understand that participation is voluntary and may involve inherent risks including injury, illness, transportation incidents, or other unforeseen circumstances.

Restrictions (if any): _____

DUTY OF CARE & SUPERVISION ACKNOWLEDGMENT

I understand that mentors, volunteers, and program leaders serve in a supervisory and mentoring capacity, are not medical professionals, and cannot provide continuous one-on-one monitoring. I agree to promptly notify program leadership of any medical, behavioral, or safety concerns that could affect participation.

RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT

With full understanding of the risks involved, I release, waive, and hold harmless Kappa Alpha Psi Fraternity, Inc., the Guide Right National Service Program, Guide Right Program Leaders, Kappa League Program Leaders, and all mentors, volunteers, and chaperones from any claims arising from participation, except in cases of willful misconduct or gross negligence. This release applies to all official activities conducted under the authority of Kappa Alpha Psi Fraternity, Incorporated through the Guide Right National Service Program and affiliated Kappa League initiatives.

TRAVEL AUTHORIZATION & RISK ACKNOWLEDGMENT

I authorize my child to travel under the supervision of approved Kappa Alpha Psi Fraternity leadership for:

☒ Local Events ☒ Overnight Conferences ☒ College Tours ☐ National Programs

I acknowledge that travel may involve: Personal vehicles, Chartered transportation, Commercial air travel, or Hotels/shared lodging. I understand that schedules may change due to safety or logistical needs.

BEHAVIORAL EXPECTATIONS & REMOVAL AUTHORITY

Participants are expected to follow program standards, mentor direction, and applicable laws. I understand that unsafe behavior may result in removal from activities and that parents or guardians may be required to arrange immediate pickup at their expense if a participant's conduct jeopardizes safety or program integrity.

CERTIFICATION & SIGNATURE

I certify that I have read, understand, and agree to the terms outlined above and grant permission for participation and travel.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Participant Signature: _____ Date: _____

AUTHORIZED ADULTS APPROVED TO PICK UP PARTICIPANT FROM EVENTS

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

GENERAL INFORMATION AND HEALTH HISTORY

PARTICIPANT IDENTIFICATION

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INSURANCE INFORMATION *'Please attach copy (both sides) of insurance card.'*

Insurance Provider: _____ Policy Number: _____

Primary Care Physician: _____ Contact Phone: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of illness or injury, I authorize designated program leadership to:

- Seek emergency medical care
- Authorize treatment deemed necessary by licensed medical professionals
- Share relevant health information for medical purposes

Reasonable attempts will be made to contact the parent/guardian.

Signature: _____ Date: _____

GENERAL HEALTH HISTORY

Check all that apply:

- | | |
|--|---|
| ☐ Asthma or breathing difficulties | ☐ Thyroid condition |
| ☐ Uses inhaler (rescue or daily) | ☐ History of fainting or dizziness |
| ☐ Exercise-induced breathing concerns | ☐ Heart-related condition |
| ☐ Food allergies | ☐ Recent injury |
| ☐ Medication allergies | ☐ Joint or back issues |
| ☐ Insect sting allergies | ☐ Physical activity restrictions |
| ☐ Environmental allergies | ☐ Anxiety or stress sensitivity |
| ☐ Seizures or epilepsy | ☐ ADHD or focus challenges |
| ☐ History of concussions or head injury | ☐ Emotional regulation support needs |
| ☐ Migraines or severe headaches | ☐ Participant takes routine medication |
| ☐ Diabetes | ☐ Participant carries emergency medication |
| ☐ Sickle cell or blood disorder | ☐ Other: _____ |

Explain: _____

ALLERGIES & MEDICATIONS

Allergies: ☐ Food ☐ Medication ☐ Environmental ☐ Insect Stings

Reaction Details: _____

Uses EpiPen? ☐ Yes ☐ No Uses Rescue Inhaler? ☐ Yes ☐ No

Medication | Dose | Frequency | Reason

☐ No routine medications

Authorization for OTC medication: ☐ YES ☒ NO

Participant Full Name: _____ Date of Birth: _____

IMMUNIZATION RECORD

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			MMR	
			Polio	
			Chickenpox	
			Hepatitis A	
			Hepatitis B	
			Influenza	

INCIDENT REPORTING & INFORMATION AUTHORIZATION

I authorize program leadership to document incidents, injuries, or behavioral concerns for safety, insurance, or organizational reporting purposes. I understand that this information may be shared with appropriate fraternity leadership or medical professionals when necessary.

PARENT/GUARDIAN CERTIFICATION & CONSENT

I certify that all information provided is accurate and understand that failure to disclose medical or behavioral concerns may limit participation. I understand this checklist is for mentor awareness to help promote a safe environment during Guide Right and Kappa League activities.

Parent/Guardian Name: _____

Signature: _____ Date: _____