



The Kappa Leadership Development League of the
Winter Park (FL) Alumni Chapter of Kappa Alpha Psi Fraternity Inc.

Release for medical Treatment:

In the event of an emergency and the inability of the Winter Park Alumni Chapter officers; Kappa League Advisors and or members to obtain my consent, I hereby give permission for the Winter Park (FL) Alumni Chapter of Kappa Alpha Psi, Fraternity inc. to authorize any medical treatment or surgery which a physician or surgeon deems necessary for my child.

Kappa League Member's Name: _____

Primary Care Physician's Name: _____

Phone number: _____

Parent Signature: _____ Date: _____