

**OKLAHOMA CHRISTIAN SCHOOL, INC.
MEDICAL AUTHORIZATION AND RELEASE FORM**

Participant Name: _____

Date of Birth: _____

Parent/Emergency Contact Name (s): _____

Parent/Emergency Contact Address: _____

Parent/Emergency Home Phone: _____ Work Phone: _____ Cell Phone: _____

List any physical conditions or medical issues you have (Examples: allergies, headaches, allergic reaction to bee stings, etc...) and the medically necessary or recommended response to each: (attach a separate sheet if necessary: separate sheet attached: yes ___ no ___)

Medications currently being taken: _____

Do you have any allergies to medicines? YES NO

If yes, which ones? _____

In case you need medical attention, are there any special instructions we need to be aware of?

Date of last tetanus shot _____

MEDICAL AUTHORIZATION AND RELEASE

As the participant, parent and/or guardian (if under age 18 years of age) of said member I hereby acknowledge that he/she is presently under my care, custody and control. In the event there arises any emergency, needing medical attention, I hereby consent and give my permission to Oklahoma Christian School, or it's representatives, or any attending physicians, to make such decisions and to provide such medical treatment which may in their sole discretion may be necessary and proper under the circumstances. As the participant, parent and/or guardian of said member, I hereby release, acquit, discharge to hold harmless Oklahoma Christian School and it's representatives or any attending physician, from any and all actions, damages, or liabilities arising out of ht treatment of any sickness or accident incurred by above said participant during time away while on any school activities.

Signature of Participant: _____

Signature of Parent/Guardian: _____

Date: _____