

**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 \_\_\_\_\_

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**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.*

*According to OCS Policy, I agree to take my student(s)' temperature every morning before their coming to school.*

Signature of Participant: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_