



MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are asked to complete this form and return it to the office. The information requested is designed to assist the academy in providing for the safety of minors during academy sponsored activities. PLEASE PRINT

CHILD'S NAME _____ DATE OF BIRTH _____ CHILD'S

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____

HOME PHONE (____) _____ PARENT'S WORK(____) _____

FAMILY DOCTOR _____ PHONE NUMBER(____) _____

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I understand that the academy will not be held responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

I agree to notify the academy in the event of any health changes, which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Parent/Guardian Signature

Date

STATE OF OKLAHOMA

On this _____ day of _____, 2020/2021, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be

the person who executed the within agreement and acknowledge to me that he/she executed the same for the purposes therein stated. (OVER)

My commission expires: _____

NOTE: Hospital emergency rooms will not agree to treat your child unless both sides of this form are filled out, signed and updated every year.

(SIGN IN THE PRESENCE OF A NOTARY)

Parent's Signature _____

MEDICAL QUESTIONNAIRE:

Is your child presently being treated for an injury or sickness, or taking any medications for any reason?

Yes ___ No ___ (If yes, please explain)

Is your child allergic to any type of medication? Yes ___ No ___ (If yes, please explain)

Does your child have (or has ever had) any of the following: (Circle, and explain)

Asthma Diabetes Hay fever Heart Murmur Kidney Disease Seizure Disorders

Does your child have any allergies other than medical? Yes ___ No ___ (If yes, please explain)

Does your child sleepwalk? Yes ___ No ___

Can your child have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity?

Yes ___ No ___ (If yes, please explain)

