

# STUDENT MEDICAL RELEASE/AUTHORIZATION FORM

Olivet Baptist Church, 155 N. 65<sup>th</sup> W. Ave., Tulsa, OK 74127 (918) 245-2241

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
GENDER \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STUDENT'S CELL PHONE # \_\_\_\_\_  
STUDENT'S EMAIL \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

PARENT'S NAMES \_\_\_\_\_  
MOTHER'S CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ EMAIL \_\_\_\_\_  
FATHER'S CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ EMAIL \_\_\_\_\_

## ALTERNATE CONTACT PERSON

NAME \_\_\_\_\_  
CELL PH.# \_\_\_\_\_ ALT. PH.# \_\_\_\_\_ RELATION \_\_\_\_\_

## MEDICAL INFORMATION

*If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.*

DO YOU HAVE HEALTH INSURANCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

FAMILY PHYSICIAN \_\_\_\_\_

PHONE# \_\_\_\_\_

KNOWN ALLERGIES/ILLNESSES \_\_\_\_\_

PRESCRIPTION/OVER-THE-COUNTER DRUGS PRESENTLY BEING TAKEN? \_\_\_\_\_

MEDICAL INSURANCE PROVIDER \_\_\_\_\_ POLICY# \_\_\_\_\_

POLICY HOLDERS NAME AND BIRTHDATE \_\_\_\_\_

## MEDICAL RELEASE AND LIABILITY RELEASE STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on the form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by a representative of Olivet Baptist Church, to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.

I understand all reasonable precautions will be taken at all times by Olivet Baptist Church and its representatives during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

PARENT'S SIGNATURE: \_\_\_\_\_

(Signature may be done digitally and  
emailed to [denise@olivetonline.com](mailto:denise@olivetonline.com))

DATE: \_\_\_\_\_