

THIS FORM IS PROVIDED BY

Oklahoma Junior Academic Bowl Association

Larry L. Capps, President

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AUTHORIZATION FOR MEDICAL CARE OF A MINOR

The undersigned parent or guardian has legal custody of the child named below. As such, he/she grants to the listed custodian (in other words, the academic bowl coach)—into whose care the child has been entrusted—permission to authorize the following: X-ray examination, anesthesia, medical/surgical/dental diagnosis or treatment, and hospital care for the child. All procedures must be recommended by a physician, surgeon, or dentist licensed by the state of Oklahoma.

This consent—given in advance of all OJABA events—encourages the custodian to seek needed treatment for the child in the absence of a parent or guardian. It is effective until withdrawn in writing.

To receive medical treatment, minor children must have consent from a parent or legal guardian. Except in a life-threatening situation, treatment may not be administered without it. Persons entrusted with the care of a minor child cannot give consent for treatment unless legally authorized by a parent or guardian. This consent form is legal authorization.

Dated: _____ Date of Birth of Child (##/##/##): _____

Name of Child: _____

Name of Custodian(s): _____
(Custodian = Academic Bowl Coach)

Signature of Parent or Legal Guardian: _____ Contact Number (###-###-####): _____

Signature of Parent or Legal Guardian: _____ Contact Number (###-###-####): _____

Name of Insurance Provider: _____

Group Number: _____

Phone Number: _____

Special medical information regarding child:
(allergies, current medication, medical condition: *i.e.*, asthma, epilepsy, diabetes, etc.)

