

OPEN BIBLE CHRISTIAN SCHOOL School Year: _____

MEDICAL AUTHORIZATION AND RELEASE OF LIABILITY

NAME: _____ SSN: _____

ADDRESS: _____

GRADE: _____ BIRTHDAY: _____ AGE: _____

IN CASE OF EMERGENCY NOTIFY IN ORDER LISTED:

Parent/Guardian #1:	Parent/Guardian #2:	Other: (Relationship-_____)
_____	_____	_____
NAME	NAME	NAME
_____	_____	_____
HOME PHONE	HOME PHONE	HOME PHONE
_____	_____	_____
CELL PHONE	CELL PHONE	CELL PHONE
_____	_____	_____
WORK PHONE	WORK PHONE	WORK PHONE

FAMILY PHYSICIAN: _____ PHONE: _____

ANY KNOWN ALLERGIES: _____ LAST TETNAS SHOT: _____

ANY CURRENT MEDICATIONS: _____

ANY SERIOUS INJURIES: _____

ANY PHYSICAL RESTRICTIONS: _____

NAME OF INSURANCE COMPANY: _____

GROUP OR POLICY NUMBER: _____ NAME ON POLICY: _____

CHECK ANY YOUR CHILD HAS HAD

- Seizures Chicken Pox Scarlet Fever Polio Disease Rheumatic Fever Kidney Disorder
 Heart Disease Tuberculosis Cystic Fibrosis Cerebral Palsy Diabetes Hearing Problems
 Muscular Dystrophy Frequent Headaches Frequent Earaches Frequent Sore Throat Asthma

ANY SURGERY AND DATE: _____

THE FOLLOWING MUST BE SIGNED IN FRONT OF A NOTARY-DO NOT SIGN BEFORE THEN

I hereby agree and give permission for representatives of Open Bible Christian School (OBSC) to authorize emergency medical treatment for the above named person while he/she is participating in any OBSC activity in the event I cannot be contacted. This authorization shall apply to physicians to whom my child may be referred for consultation, or if necessary, for any medical services. I also give the hospital and /or physician my permission to hospitalize, treat and order injections to meet the needs of the above named person. I will assume responsibility for any and all bills arising from said treatment (s).

In consideration of the permission extended to my child to participate in the activities of OBSC, I hereby release and hold harmless all employees, staff member and sponsors of OBSC and from any and all manner of action and causes of actions, judgements, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter have by reason of the above named participation in OBSC activities , as well as any other operations incident thereto. By signing below, I declare that the terms of release and information disclosed have been completely read, and are fully understood and voluntarily accepted.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

NOTARY: Sworn to and subscribed before me this

_____ day of _____ 20_____.

Notary Public