

Health Form/ Medical Information/ Temporary Custody
O.A.M.J.H.S.C. Leadership Conference

Sponsors are responsible for having this form in their possession throughout the 2-day leadership conference.

We the undersigned parent/guardian of the delegate listed below:

Delegate's Name: _____

DOB: ____ / ____ / ____ SSN# _____

Month day year

Do hereby authorize, an OAMJHSC staff member to have temporary custody of the above named minor to consent to any emergency treatment by any physician, surgeon, or dentist, licensed by the State of Oklahoma and to any hospital care that may be rendered to said minor, whether such diagnosis or treatment is rendered at the office of a physician, surgeon, dentist, or at a hospital licensed by the State of Oklahoma.

I further agree to release the Temporary Custodian and hold him/her harmless from any damages that might arise from his/her actions in consenting to any medical, dental, or hospital care rendered to the said minor.

The consent shall remain in effect from the time of departure to the conference, until return Friday evening or unless written approval is provided by parent/guardian, or the above named minor is delivered to the Temporary Custodian, the physician, surgeon, or dentist.

parent/guardian name printed

parent/guardian signature

parent/guardian name printed

parent/guardian signature

Family Doctor: _____ Phone: _____

Health Insurance Company _____ Policy# _____

Please list all prescribed medications your child is currently taking. _____

Please list your child's medications the sponsor should be aware of while acting as Temporary Costodian: _____

Important Telephone Numbers for Student Delegate

Home Phone # _____ Parent's Work # _____

Cell# _____ Home Address _____

Emergency Family Friend Contact name & # _____
(In the event that parent/guardians cannot be reached at the above numbers)