

**MEDICAL AUTHORIZATION AND PARENTAL CONSENT FORM
2013-2014**

Name: _____ Grade: _____ DOB: _____

Street Address: _____ Hm. Ph.: _____

City: _____ Zip Code: _____

Mother's name: _____

Daytime ph. number(s): Cell: _____ Work: _____

Father's name: _____

Daytime phone number(s): Cell: _____ Work: _____

Please provide the following medical information:

List two persons to contact if above parents cannot be reached

Name: _____ Relationship: _____ Hm. Ph: _____

Daytime ph. Number(s): Cell: _____ Work: _____

Name: _____ Relationship: _____ Hm. Ph: _____

Daytime ph. Number(s): Cell: _____ Work: _____

Medication presently taking: _____

Allergies: _____

Physical Limitations: _____

Medical Insurance Company: _____ **Policy #:** _____

Child's Doctor: _____ **Phone #:** _____

Name of Hospital to be taken to: _____

OCP PARENTAL CONSENT FORM

I, _____, do hereby give permission for my child to attend and participate in activities sponsored by Orlando Christian Prep.

In the event that I cannot be reached, I authorize an adult representative of OCP to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly-licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for all costs and expenses incurred in the connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

I agree to assume the risk of, and release OCP, its staff, and representatives from any and all injury and liability arising out of or relation to the activities conducted or sponsored by Orlando Christian Prep.

I state that the information on this form is correct.

Must be signed in the presence of a notary.

Parent/Guardian signature

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ (name of person above), who is personally known to me or who has produced _____ type of identification.

Notary Signature _____ Notary Seal _____

****INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS FORM****