



**OKLAHOMA STATE UNIVERSITY  
EDUCATIONAL TALENT SEARCH  
Medical Release Form**



**Student Data:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: (circle one) M F Name of School You Attend: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian's Address: \_\_\_\_\_

**Emergency/Medical Information:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
List any drug allergies: \_\_\_\_\_  
Any physical condition such as diabetes, epilepsy, asthma, etc.: \_\_\_\_\_  
List any medication or medical treatment you are taking:  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance:**

Insured's Name \_\_\_\_\_ Policy No. \_\_\_\_\_  
Company \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF MEDICAL OR SURGICAL EMERGENCY**, I hereby give permission for the administration of first aid by Educational Talent Search Representative or health official, for treatment by authorized physician, or for hospitalization. I release the Educational Talent Search Staff and Oklahoma State University from all liability for sickness, injury or accidents occurring during my child's participation in Educational Talent Search activities. I understand that I will be contacted in the event that my immediate attention is required. **In addition**, I give my permission for the Educational Talent Search Staff to give my son/daughter a Tylenol for a headache.

**IN CONSIDERATION** for my child, receiving permission to participate in the **Oklahoma State University Educational Talent Search Program**, I hereby RELEASE, WAIVE, and DISCHARGE Oklahoma State University, The Board of Regents of the State of Oklahoma, the State of Oklahoma, their officers, servants, agents, or employees, the **Oklahoma State University Educational Talent Search** program and its staff (hereinafter referred to as RELEASES) from any and all liability, claims, demands, actions and causes of action sustained by my child, or to any property belonging to my child, while participating in the program, or while in, on, upon, or traveling to and from any program activity where it is being conducted.

**I FURTHER** hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASES from any loss, liability, damage or costs that they may incur due to my child's participation in said activity.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)  
Phone number: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

**Other persons who may be contacted in case of emergency if I cannot be reached:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Phone(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_