

The Children's Literacy Center of Oklahoma/MiSchools Elite Medical Consent Form

Child's First and Last Name:

Primary Care Physician's Name: _____ Phone: () _____

Medical Insurance Provider: Policy #:

Known Allergies, including those to medications:

Medical conditions for which the minor is receiving treatment:

Prescription drugs the minor is taking:

Other pertinent medical information (attach additional pages if necessary):

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

As custodian of the minor mentioned in this program, I grant my authorization and consent for the staff of The Children's Literacy Center of Oklahoma/MiSchools Elite, their officers, members and employees, volunteers and representatives, to administer general first aid and treatment for minor injuries and illnesses. If the illness or injury is severe, I authorize The Children's Literacy Center of Oklahoma/MiSchools Elite to seek professional emergency personnel to attend, transport and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize The Children's Literacy Center of Oklahoma/MiSchools Elite to exercise best judgement upon the advice of medical or emergency personnel. Furthermore, I understand that I am ultimately responsible for any medical expenses that may be incurred on behalf of the minor. This authorization shall remain in effect From August 1, 2021 through August 1, 2022.

Parent/Guardian Signature _____ Date _____