

2010 OKLAHOMA BASS BASH AT OSU  
MEDICAL INFORMATION FORM

NAME OF STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PARENT (or guardian) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

Please give the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

_____	_____
NAME OF CARRIER	CERTIFICATE NUMBER

_____	_____
NAME OF CARRIER	CERTIFICATE NUMBER

Does this student have any chronic or acute medical problems?

Please explain: \_\_\_\_\_

List any allergies to food, pollen, or medicine: \_\_\_\_\_

List any medications being taken at the present time: \_\_\_\_\_

MEDICAL RELEASE FORM

My son/daughter does have permission to attend a Youth Camp/Conference on the Oklahoma State University Campus. I fully realize that injury or illness to my son/daughter could result from or during participation in the camp. In case of such accident or illness, I give permission for my child to be given medical treatment deemed appropriate. I will assume responsibility for any medical bills incurred by my child at Oklahoma State University or, if necessary, at a local hospital.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature Required

Medication Release

My child, \_\_\_\_\_, has my permission to self-administer the following OVER-THE-COUNTER medications: \_\_\_\_\_.

I have sent them with my child and have explained the correct dosage to them. They have demonstrated understanding. We both understand that they may not share ANY medication with any other student.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***If your student will need to take a prescription medication, Oklahoma Bass Bash must have a note from the prescribing physician with the following details: Name of medication, Dosage, Time(s) to be given, and any instructions. If your child will self-administer the medication, the physician will also need to include in their note that this is permissible. The note must include the Physician's name (Printed and signature) and telephone number.***