

Form 12 - Medical Release Form/Notary Public

I hereby give my consent for the below named student to accompany Beth Haven Baptist Academy, as a member, to other schools and activities. I also give consent authorize the school, or its representatives, to obtain, through a physician of its choice, such medical attention as is reasonable and necessary for the welfare of my child, if he/she is injured or ill while in the course of school activities.

Name: (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Medications student is allergic to:

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Medical Plan Number \_\_\_\_\_

\_\_\_\_\_  
Father's Signature or legal guardian

\_\_\_\_\_  
Mother's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

STATE OF OKLAHOMA

County of \_\_\_\_\_

Before me, the undersigned, a notary public, in and for the said county and state on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_. Given under my hand and seal the day and year written above.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires

My commission # is