

## MEDICAL CONSENT FORM

**This form must be completed for every person (child or adult) attending an OMSI Camp-In. Use a separate copy for each person. PLEASE PRINT.**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian Name (if under 18): \_\_\_\_\_

Please list any health problems, mental or physical conditions that might require special planning or consideration for participation in an OMSI Camp-In. Examples: allergies, chronic disease, crippling conditions, sight or hearing problems, delayed development of bladder or bowel control, seizures, special diet, or any condition requiring medication.

MEDICATIONS/ CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

*(If under 18)* The Group Leader or their designee will dispense medications under physician's orders. All medication must be in prescription containers and labeled clearly with participant's name, the type of medication, the dosage, and the times (both am and pm) to administer the medication. I request that the Group Leader administer medication to my above named child in the manner described by the physician's orders.

\_\_\_\_\_  
*Parent Initials*

Date of last tetanus shot: Month/Year \_\_\_\_\_

IN CASE OF EMERGENCY, contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ STATE \_\_\_\_\_  
PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
INSURANCE COMPANY: \_\_\_\_\_ POLICY #: \_\_\_\_\_

I authorize OMSI to use local emergency services in order to secure proper treatment for participant named above.

\_\_\_\_\_  
*Participant Initials or Parent Initials if under 18*

*(If under 18)* Name of persons authorized to transport child: \_\_\_\_\_

The participant named above has permission to participate in all Camp-In activities.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent of legal guardian (if under 18) \_\_\_\_\_

I consent and authorize OMSI to use the above-named participant's name and photograph for education and public relations purposes related to OMSI.

\_\_\_\_\_  
*Participant Signature or Parent Signature if under 18*