AUTHORIZATION FOR TREATMENT TO MINORS

I/We the undersigned, parent(s) or legal guardian of the minor listed below:

_____ Birth date: _____

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of:

Miss Oklahoma Organization – Stephanie Abla or Norma Fields
(Name of organization/person who is temporary custodian of the minor)

the temporary custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, at his/their discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective until 12:00 midnight on the 8th day of June, 2019, unless sooner revoked in writing, delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child.

Date: _____ _____
Father

Witness: Other than Custodian(s) _____
Mother

_____ _____
Legal Guardian

DO NOT MAIL – PLEASE BRING TO CHECK-IN
Due: June 1, 2019, bring to check-in.

Health History and Parental Consent Form

Due June 1, 2019. **DO NOT SEND EARLY**

_____ Female _____

Name: Last First Sex Parent or Guardian

Home address City / State / Zip Code

_____ _____ _____

Age Date of Birth Social Security Number

_____ _____ _____ _____

Area Code Home Phone: Father work/cell phone: Mother work/cell phone:

Parents arrival date in Tulsa: _____

_____

Name of Hotel Phone Numbers:

While in Tulsa, in case of an emergency please contact: _____

Name Phone

HEALTH HISTORY

Question	Yes	No	Explain any Yes answers
Chronic and/or recurrent illness			
Hospitalizations?			
Operations?			
Taking Medications?			
Organ Missing?			
Diabetes/Blood Sugar Disorders?			
Dizziness, Fainting, Epilepsy, Seizures?			
Allergies/Asthma?			
Migraine Headaches?			
Concussion?			
Wear Glasses/Contacts			
Hearing Problems?			
Allergic to medications?			
High Blood Pressure?			
Bone, Joint, Spine injury?			
Liver, Spleen, Kidney, or Skin			

Blood Type: _____ (it is **mandatory** that we have this information)

Primary Physicians Name: _____ Area Code:_____ Phone: _____

Insurance Company Group Number Area Code: Phone:

Please attach a copy of all insurance and dental cards*

The applicant is under the care of a physician for the following condition(s):_____

Current treatment (include current medications) _____

Please give any additional information concerning health history:

Please list any medication(s) that you are taking at this time:

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mention contestant to participate in all activities. AUTHORIZATION FOR TREMENT: I hereby give permission to the medical personnel selected by the Miss Oklahoma Organization to order X-rays, routine tests, treatment, and necessary transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Miss Oklahoma Organization to secure and administer treatment, including hospitalization, for my child as named above. I understand that contestants are responsible for all medical/dental expenses incurred during the time they participate in the Miss Oklahoma competition activities and that neither the Miss Oklahoma Organization nor its medical insurance plan will be responsible for any such expenses.

X_____ Date:_____

Signature of Parent or Guardian