



MISS OKLAHOMA'S OUTSTANDING TEEN

2022 HEALTH FORM

AUTHORIZATION FOR TREATMENT TO MINORS

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

NAME: _____ 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:

MOKOTEEN | MISS OKLAHOMA ORG | SUMMER MOLLOY & LINDSAY SIGLAR

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 11th day of June, 2022, 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

PLEASE BRING TO TUESDAY MOVE-IN | TUESDAY JUNE 7



MISS OKLAHOMA'S OUTSTANDING TEEN

2022 HEALTH FORM

HEALTH & HISTORY PARENTAL CONSENT FORM

DUE AT TUESDAY MOVE-IN | TUESDAY, JUNE 7 | DO NOT SUBMIT EARLY

TEEN'S FULL NAME

PARENT | LEGAL GUARDIAN

HOME ADDRESS

CITY | STATE | ZIP

AGE

BIRTHDAY

SOCIAL SECURITY NUMBER

MOTHER'S PHONE NUMBER

FATHER'S PHONE NUMBER

Will Teen/Parent be staying at River Spirit Casino Resort during competition week?

YES

NO

When in Tulsa, in case of emergency please contact:

HEALTH HISTORY

QUESTION

YES

NO

EXPLAIN ANY YES ANSWERS

CHRONIC AND/OR RECURRENT ILLNESS
HOSPITALIZATIONS?
OPERATIONS?
TAKING DAILY MEDICATIONS?
ORGAN MISSING?
DIABETES | BLOOD SUGAR DISORDER?
FAINTING, EPILEPSY, SEIZURES?
ALLERGIES | ASTHMA?
MIGRAINE HEADACHES OR CONCUSSION?
WEAR GLASSES OR CONTACTS?
HEARING PROBLEMS?
ALLERGIC TO MEDICATIONS?
HIGH BLOOD PRESSURE?
BONE | JOINT | SPINE INJURY?
LIVER | SPLEEN | KIDNEY | SKIN?

QUESTION	YES	NO	EXPLAIN ANY YES ANSWERS
CHRONIC AND/OR RECURRENT ILLNESS			
HOSPITALIZATIONS?			
OPERATIONS?			
TAKING DAILY MEDICATIONS?			
ORGAN MISSING?			
DIABETES BLOOD SUGAR DISORDER?			
FAINTING, EPILEPSY, SEIZURES?			
ALLERGIES ASTHMA?			
MIGRAINE HEADACHES OR CONCUSSION?			
WEAR GLASSES OR CONTACTS?			
HEARING PROBLEMS?			
ALLERGIC TO MEDICATIONS?			
HIGH BLOOD PRESSURE?			
BONE JOINT SPINE INJURY?			
LIVER SPLEEN KIDNEY SKIN?			

BLOOD TYPE (IT IS MANDATORY THAT WE HAVE THIS INFORMATION) _____



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2022 HEALTH FORM

COVID VACCINE RECEIVED? YES NO HALF VACCINATED VACCINATED & BOOSTED

PRIMARY PHYSICIAN'S NAME PRIMARY PHYSICIANS NUMBER

INSURANCE COMPANY GROUP NUMBER NO HEALTH INSURANCE

PLEASE PROVIDE ANY ADDITIONAL INFORMATION CONCERNING HEALTH HISTORY

The above information is correct and true, to the best of my knowledge. I hereby give my informed consent for the above mentioned Outstanding Teen Candidate to participate in all MOKOTeen activities.

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the MOKOTeen | Miss Oklahoma Organization to order X-rays, routine tests, treatment, and necessary transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the MOKOTeen | Miss Oklahoma Organization to secure and administer treatment, including hospitalization, for my child as named above. I understand that Outstanding Teen Candidates are responsible for all medical/dental expenses incurred during the time they participate in the Miss Oklahoma's Outstanding Teen competition activities and that neither the MOKOTeen | Miss Oklahoma Organization nor its medical insurance plan will be responsible for any such expenses.

PARENT | LEGAL GUARDIAN SIGNATURE DATE

PLEASE BRING TO TUESDAY MOVE-IN| TUESDAY JUNE 7