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# Camp Authorization Form

*(Bring with you when you register.)*

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## Authorization for Medical Care of a Minor

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

\_\_\_\_\_  
(Minor's Name) *Please Print*

\_\_\_\_\_  
(Chapter)

Birthdate \_\_\_\_\_

do hereby authorize the Tulsa Baptist Assembly to consent to any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by/from the nearest licensed medical facility that may be rendered to said minor under the general, specific, or special consent of the FFA instructor and/or staff, the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the office of a licensed physician or dentist, or at another licensed medical facility. I/We, authorize the physician or dentist to call in any necessary consultants, at his/their discretion. I also authorize officials to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

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, dental, or surgical treatment.

This consent shall remain effective until \_\_\_\_\_ a.m./p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child or children.

***If the above arrangement is not satisfactory, what would you like for us to do with your child in case he/she is injured or becomes seriously ill? Please attach a sheet with specific directions for emergency care.***

I also authorize release of hospital records concerning the diagnosis, treatment, and prognosis to Tulsa Baptist Assembly. I understand these records will be used for insurance purposes only.

DATE \_\_\_\_\_ WITNESS (Other than Custodian(s)) \_\_\_\_\_

Are you currently taking any prescribed medication? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Date of Last Tetnus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

***(Please attach a copy of the insurance card.)***



## Promotional Release and Personal Conduct Agreement

### Promotional Release

As parent or guardian, I grant the Oklahoma FFA Association (FFA) permission to photograph and/or videotape my child for possible appearance and inclusion in any of the FFA publications, promotional materials or website, or used in any way that is deemed appropriate by FFA for education or for promotion of Oklahoma FFA. I release FFA of any liability claims, demands, damages, actions and causes of actions arising from or connected in any way with the use of photographs and/or videotapes. I understand that my child will receive no compensation for participation and that all photography and videotape resulting from participation will become sole property of FFA.

### Personal Conduct Agreement

As parent or guardian, I understand the Oklahoma FFA Alumni Association reserves the right to immediately terminate anyone from Oklahoma FFA Alumni Leadership Camp that engages in behavior that is unsafe, irresponsible, illegal, or otherwise contrary to the rules and policies set forth for camp.

Father's Signature

Mother's Signature

Father's Social Security Number

Mother's Social Security Number

Father's Home Address

Mother's Home Address

Father's Work Address

Mother's Work Address

Father's Home Phone Number

Mother's Home Phone Number

Father's Work Phone Number

Mother's Work Phone Number

Father's Cell Phone Number

Mother's Cell Phone Number

Legal Guardian's Signature  
(If different than Mother and Father)

Family Doctor

Legal Guardian's Home Phone Number

Office Number

Legal Guardian's Work Phone Number

Hospital Preferred

Legal Guardian's Cell Phone Number

### Registration Information *(Please print)*

Camper's Name

Grade level this fall \_\_\_\_\_

Chapter

The number of years I have attended FFA camp:

Age \_\_\_\_\_ ☐ Male ☐ Female

- ☐ This is my first year to attend.  
☐ This is my second year to attend.  
☐ This is my third year to attend.  
☐ This is my fourth year to attend.

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