



Releases for Medical Forms to print and fill in

Consent for Medical Treatment

- **Fill in, sign and return to Awe Star**

Parent Authorization --Medical Release

- **If under **18**, parents must sign it in front of notary and mail to Awe Star**

Physicians Release Form

- **This need only be filled out if you checked YES in Section 3 of the Medical Form**

CONSENT FOR MEDICAL TREATMENT

Name of applicant _____

I/We as the parents/guardians/adult applicant hereby authorize the staff of Awe Star Ministries Inc. to consent to and authorize for me/us the administration of any and all reasonable first-aid operations, hospitalization, in the opinion of Awe Star Ministries Inc. that becomes necessary to save or maintain the life, health or well-being of my/our child or myself. I/We agree to and shall hold harmless from any liability the sponsor Awe Star Ministries Inc. for any such determination and authorization given by them in good, after full disclosure by trained medical personnel. In the event of the inability or refusal of Awe Star Ministries Inc. as sponsors to give any such consent or authorization, I/we hereby authorize any paramedic, medical technician, doctor or nurse to take any reasonable action and to administer any reasonable medication, which in their professional opinion, is necessary to save or maintain the life, health or well-being of my/our child or myself.

Approval of Medical Treatment I accept _____

Date _____

RELEASE AND HOLD HARMLESS

I/We hereby release Awe Star Ministries Inc. and its agents, officers, sponsors and employees of and from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, as may be sustained by my child/myself, or to any loss, damage or injury to any property of my child/myself, while participating with Awe Star Ministries Inc. Being duly aware of the risks and hazards inherent upon participating on a mission trip with Awe Star Ministries Inc. and/or in the counseling in connection therewith, I/we hereby voluntarily assume all risks of loss, damage or injury, including death, as may be sustained by my child/myself or any property of my child/myself as far as Awe Star Ministries Inc. is concerned. I/We/My child agree to release, indemnify, hold harmless and defend Awe Star Ministries Inc. from any claim by me or my family, estate, heir or assigns arising out of my declining the Center for Disease Control's (CDC) recommended immunizations.

Approval of Hold Harmless I accept _____

Date _____

Signature _____

This need only be filled out if you checked YES in Section 3 of Medical Form

PHYSICIAN'S RELEASE FORM

This student is applying to participate in a foreign mission trip through Awe Star Ministries, Inc. He/She will take part in a strenuous choreography and will be walking/hiking continuously daily. Please note that changes in typical diet and climate may also add to the intensity of the trip. Please consider these factors before you release the student medically.

Physician's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work #: (____) _____

Name of Student _____

I have examined this student, his/her medical record and medical history. (Please indicate the appropriate choice.)

- I find him/her to be in adequate condition for international travel, participation in high-intensity activities and choreography in a third world country.
- I have prescribed a medical plan for him/her to meet prior to the mission trip in order to participate in the daily itinerary during the mission trip.
- I do not recommend this person to participate at this time.

Physician's signature: _____ Date: ____/____/____

If you wish to send this page privately, please **fax it to (918) 664-3544**. Or it may be mailed to:

Awe Star Ministries Inc. P.O. Box 470265 Tulsa, OK 74147-0265

If you have any questions please call: (918) 664-3500