

## 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 <u>only</u> 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   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   laccept							
Date							
Signature							

#### **Parent Authorization --- Medical Release**

For applicant under 18 years of age. Print this, sign it, have it notarized and send in to Awe Star.

Applicant Full Name			
Applicant Date of Birth///			
This release shall be binding upon the distrib In signing the foregoing release, I/we hereby a) that I/we have read the foregoing release b) that I/we are over 18 years of age and of c) that I/we have had the opportunity to cor should I/we so desire.	acknowledge and re , understand it and si sound mind.	oresent: gn it voluntaril <sup>.</sup>	у.
DO NOT SIGN THIS RELEASE IF YOU	DO NOT UNDERSTAN	ID OR AGREE V	VITH ITS TERMS.
*If both parents possess legal custody of the	e child, both parents	signatures are	e required.
*If one parent possesses legal custody of th and a copy of a legal document evidencing to deceased parent. We apologize for any income	the custody arrangen		
X		/	/
X Father's signature (if applicant is UNDER18 y	ears of age)	/Date	2
X		/	/
Mother's signature (if applicant is UNDER 18	3 years of age)	Dat	te
X Guardian's signature (if applicant is UNDER		/	J
Guardian's signature (if applicant is UNDER	18 years of age)	Da	te
FOR NOTARY USE			
State of Count	y of		
Signed or attested before me on this day		, 20	
Notary Public			
My commission expires: / /			

# **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.

Physic	cian's	name:				_
Addre	ess:					
City: _			State:	Zip:		-
Work	#: (	))				
Name	of St	udent				
I have	exar	nined this student, his/her medical reco	ord and medical	history. (Please indicat	e the appropri	ate choice.)
		I find him/her to be in adequate cond and choreography in a third world		tional travel, participat	ion in high-inte	ensity activities
		I have prescribed a medical plan for h daily itinerary during the mission t		prior to the mission tri	p in order to p	articipate in the
		I do not recommend this person to pa	articipate at this	time.		
Physic	cian's	signature:		Date:	<i>J</i> /	
If you	wish	to send this page privately, please <b>fax i</b>	t to (918) 664-3	544. Or it may be maile	ed to:	
		Awe Star Ministries Ir	nc. P.O. Box 470	265 Tulsa, OK 74147-0	265	

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