OKLAHOMA ARTS INSTITUTE Student Medical Permission Form

In case of medical emergency, I hereby release OAI and its employees, agents, and representatives from any liability arising from obtaining or providing medical treatment, including transportation to seek medical treatment, except in cases of gross negligence or willful misconduct.		
Student Signature		Date
Parent/Legal Guardian Sign	nature	Date
pharmacist and will be adm students, all over-the-count administer as needed. Plea check-in. The infirmary also I hereby authorize OSAI me	Medications must be brought in the original, properly inistered by the OSAI medical staff. Add er medications brought to OSAI must be se give all medications (prescription and maintains a supply of common over-the edical staff to administer over-the-counter on an "as needed" basis. □ Yes □ No	ditionally, for the safety of all eturned in to the medical staff to d OTC) to the medical staff at e-counter medications.
Parent/Legal Guardian:	man as needed basis. Li res Li No	
Printed Name	Signature	Date

OKLAHOMA ARTS INSTITUTE Authorization to Disclose Health Information

Student Name		
Last	First	Middle
OSAI Discipline Date of Birth		Birth
I,		nereby authorize OKLAHOMA
ARTS INSTITUTE ("OAI") to disclo Form as needed to ensure the hea disclosure of such information to a emergency medical technicians	alth and safety of STUDENT,	including but not limited to
I further understand that this Authoduring STUDENT attendance at the July 5, 2021, SUCH REVOCATION NORMAL BUSINESS HOURS at 2 5, 2021 to July 25, 2021, SUCH RIOFFICE AT USAO AT 1727 W Ala	e OAI Program, unless other N MUST BE DELIVERED TO 111 NW 9 th Street, Oklahom EVOCATION MUST BE DEL	wise revoked in writing. Prior to OAI OFFICES DURING IA City, OK 73102. From July
THIS AUTHORIZATION SHALL EXCONCLUSION OF MY ATTENDANG further understand that any action legal and binding.	NCE AT THE OKLAHOMA S	UMMER ARTS INSTITUTE. I
I further understand that I may requ	uest a copy of this signed aut	horization.
Student Signature		Date
Parent/Legal Guardian Signature		Date