



Confidential Medical Information and Emergency Notification Form (Student)

Name: _____ Birthdate: (MM/DD/YY): _____

Sex: M F

Street Address: _____

City: _____ State: _____

Postal Code: _____

Home Telephone: _____ SSN: _____

Date of last Tetanus shot: _____

Drug Allergies: _____

Physician: _____ Physician's Phone: _____

Regular Medications:

Special Dietary Requirements (include food allergies):

Emergency Notification Information

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Legal Guardian (if applicable): _____ Work Phone: _____

Preferred Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Medical/ Hospital Insurance Carrier: _____

Policy #: _____

Insurance Carrier Phone # (1-800): _____

Consent to Medical Care and Treatment

[Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.]

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

I also warrant that the major medical health insurance listed above covers my child for all activities, and in all jurisdictions, associated with this conference, and I understand that I am responsible for the cost of all emergency medical care provided, including any deductibles or treatment denied by my carrier for any reason.

Signature of Parent or Legal Guardian: _____

Date: _____