

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Please accurately and truthfully complete the requested information. This Information will be kept confidential and used only for medical purposes in the case of an emergency for the current trip. **Please type or print legibly.**

**Student information**

Name (Last, First, MI) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Y-Number \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile/cell) \_\_\_\_\_

**Emergency Contacts**

Primary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile/cell) \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (mobile/cell) \_\_\_\_\_

**Primary Care Physician**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Office \_\_\_\_\_ Emergency \_\_\_\_\_

**Medical/Health Insurance Information**

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

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**If you require emergency medical attention, what information would you want medical professionals to know (illnesses, past surgeries, etc.); use additional forms if necessary (each form must be signed & dated):**

Allergies \_\_\_\_\_ Life Threatening Yes No

Current Medications \_\_\_\_\_ Dosage \_\_\_\_\_

Special Health/Dietary Needs \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned, do hereby authorize Youngstown State University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed health care professional. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_. I am eighteen (18) years of age or older, I have read the above authorization and confirm that the information contained herein is true and accurate.

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

**If Student is under the age of 18:**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian