Youngstown STATE UNIVERSITY

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 physician. 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