

**University of Oklahoma Health Sciences Center**

**\* Medical Information Form \***

In the event of an emergency, I permit the University to share the following information with emergency response personnel.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Insurance Policy Holder (Primary Insured): \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: (include dose and frequency): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other pertinent info: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL TREATMENT AUTHORIZATION**

\_\_\_\_\_(Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

**Emergency Contact (Parent or Legal Guardian required if participant is under 18):**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Additional Emergency Contact or if parent or guardian cannot be reached:**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**This sheet should be maintained by organization advisor and accompany the student on any trip**

\* Please shred this document following completion of the trip.