

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: _____ OUHSC ID Number: _____

Name of Insurance Policy Holder (Primary Insured): _____

Health Insurance (attach copy of card): _____ Insurance Phone: _____

Chronic Illness: _____

Treating Physician: _____

Date of Last Tetanus Shot: _____

Allergies: _____

Medications (include dose and frequency): _____

Other pertinent info: _____

MEDICAL TREATMENT AUTHORIZATION

In an emergency medical situation, I authorize the University of Oklahoma Health Sciences Center to act on my behalf and to discuss my medical condition and treatment with the emergency contacts listed below and with the University of Oklahoma Health Sciences Center employee listed as an emergency contact on the Student Travel Authorization:

Signature Date
(Signature of Parent or Legal Guardian required if participant is under 18)

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 _____

Maintain one copy on campus. One copy should also accompany the trip planner on the trip.