**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.