## Fort Hays State University Emergency Information and Consent Form

Name:						
Grade:		I	Email Addı			
Street Address:		City:		Zip:		
Allergies or Chron	nic Illnesses:					
Current Medication	ons:					
Are you limited in	any physical activity?	If yes, pl	lease expla	in		
If there ar this sheet.	e any other concerns yo	ou would like to b	oring to ou	r attention, pl	ease write the	m on the back of
	accident, illness or emo			Fort Hays Sta	te University	to know your
Parent:		Daytime Phone: (	)	Eve	ening Phone: (	)
Relative,		Daytime Phone: (	)	Eve	ening Phone: (	)
Neighbor or Friend:		Daytime Phone: (	)	Eve	ening Phone: (	)
authorize officials we hereby certify render such treatm the health of said of here named can be to any other physi physician, and we	or guardian cannot be confort Hays State Unithat we are the parents arent as said physicians of child, without further are contacted, or either of cian, we hereby authorize said pidered to be an emerger	of the said minor of the said minor or either of them uthorization than us is unavailable ize the officials ophysicians to reno	t directly the child, and may deem here express to give out of Fort Hayder such trees.	ne following p do authorize reasonably n essed. In the e or express cor s State Universe eatment as dec	physicians of the physician ecessary, in a vent neither of sent at such t rsity to contac emed reasona	our selection, and s named below to n emergency, for of the physicians ime with reference et any licensed
(1st choice) Physic	ian:			Phone: (	)	
(2 <sup>nd</sup> choice) Physic	cian:			Phone: (	)	
Hospital Preference	ee:			Phone: (	)	
Dentist:				Phone: (	)	
Date:	Signature of Par	ent or Guardian:				
	Print name of P	Parent or Guardia	n:			

<sup>\*</sup>Expense incurred as a result of emergency ambulance use or treatment by physician will not be borne by the university or university personnel.