Fort Hays State University Emergency Information and Consent Form

Name:					
Grade:	Email Address:				
Street Address:	City:		Zip	o:	
Allergies or Chronic Illnesses: _					
Current Medications:					
Are you limited in any physical	activity? If yes, pl	lease explai	in		
this sheet.	ss or emergency, it is nece	essary for F	attention, please write the		
Parent:			Evening Phone: ()	
Parent:	•		-		
If parent or guardian car authorize officials of Fort Hays a we hereby certify that we are the render such treatment as said phy the health of said child, without here named can be contacted, or to any other physician, we hereb physician, and we hereby author what may be considered to be ar	State University to contact e parents of the said minor sysicians or either of them further authorization than either of us is unavailable y authorize the officials o ize said physicians to reno	t directly the child, and may deem here expres to give ou f Fort Hays der such tree	do authorize the physician reasonably necessary, in an assed. In the event neither our express consent at such the State University to contact eatment as deemed reasonal	our selection, and s named below to n emergency, for f the physicians ime with reference et any licensed	
(1st choice) Physician:			_ Phone: ()		
(2 nd choice) Physician:			Phone: ()		
Hospital Preference:			Phone: ()		
Dentist:			Phone: ()		
Date: Signatu	re of Parent or Guardian:				
Print n	ame of Parent or Guardian	n:			

*Expense incurred as a result the university or university personne	lt of emergency ambulance el.	use or treatment by phy	sician will not be borne by