

Leadership Institute

Medical Emergency Consent Form

Student's Name: _____

Home Address: _____

Birth date: _____

Social Security Number: _____ Sex: F____ M____ Age: _____

Home Phone #: _____

Mother / Father / Guardian (Please circle) Name: _____

Business Address: _____ Business Phone #: _____

Name of Family Physician: _____ Phone #: _____

Name of Medical Insurance Company: _____

Policy or Group Number: _____ Employee Number: _____

Please list any medical conditions the Leadership Institute staff needs to be aware of (medication, physical needs, etc.):

If parents / guardians are not available in an emergency, notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Medical Emergency Consent

In case of medical emergency, we/I understand that every reasonable effort will be made to contact me. In the event that we/I cannot be reached, this consent shall allow the Leadership Institute Staff to obtain whatever emergency treatment and/or care is deemed necessary for the health and well-being of the student during his/her participation. In case of medical emergency, we/I consent to any anesthetic, medical, or surgical diagnostic testing and/or treatment to be rendered to the student under the supervision and on the advice of a licensed physician when the need for such treatment is immediate and when your efforts to contact me are unsuccessful.

Signature of parent/guardian

Date

Print Name

Relationship

