



Emergency Medical Training Services

**Emergency Contact Information
and
Consent for Medical Treatment**



EMTS/ACI Paramedic Consortium

School Information: Emergency Medical Training Service
Training Center – 100 North Central Expressway Suite L-15 Richardson, Texas 75080
Office (972) 527-3687 Fax (972) 994-0911 Web www.emts911.com

Program Administrator & Basic Program Coordinator:	Tom Cellio	cell phone	(214) 738-6694
Advanced Program Director	Sheila Elliott	cell phone	(469) 964-0135
Clinical Coordinator:	Zoe Holloway	cell phone	(972) 523-2122
Medical Director:	Ken Sherman	office	(972) 527-3687

Student Information:

Legal Name (First, Middle, Last): _____

Home Address (Complete): _____

Home Phone: (____) _____ **Cell/Other Phone:** (____) _____

Age: _____ **Sex:** _____ **Date of Birth:** ____/____/____

Student Emergency Notification: (In addition to notifying the school)

#1 Contact in Case of Emergency (Complete Name): _____

Relation: _____ **Home Phone:**(____) _____ **Cell/Other Phone:** (____) _____

#2 Contact in Case of Emergency (Complete Name): _____

Relation: _____ **Home Phone:** (____) _____ **Cell/Other Phone:** (____) _____

Student Medical History: Allergies: _____

Medications: _____

Seizures: ____ **Heart:** ____ **Diabetes:** ____ **Hypertension:** ____ **Pregnant:** ____ **Motion Sickness:** ____

Recent surgeries, injuries, or conditions that may affect crew safety and patient care: _____

If I experience a need for medical attention the school, clinical, and/or internship site has full discretion as to the level of care provided. I am aware that I am responsible for any charges that may arise regarding care provided.

Signature: _____ **Date:** _____