

**Youngstown State University's Emergency Medical Authorization  
for the Summer Honors Institute  
(Please print legibly with black ball point pen.)**

Last name	First name	Home telephone
Street address	City	State
		Zip

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the Institute's authority when parents or guardians cannot be reached.

**NOTE: Part I or Part II below must be completed.**

**PART I: Consent for Treatment**

In the event reasonable attempts have been unsuccessful to contact me/us at the emergency phone numbers listed below, I/we give consent for (1) the administration of any treatment deemed necessary by the following:

Preferred physician: Dr. \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Preferred dentist: Dr. \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to \_\_\_\_\_ or any hospital reasonably accessible.  
name of hospital

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, and obtained prior to the performance of such surgery.

Name(s) of Parent(s)/Guardian(s)	Emergency Phone Number
_____	_____
_____	_____

Facts concerning the child's history including allergies, medication being taken, and any physical impairments such as heart condition, diabetes, epilepsy, etc., to which a physician should be alerted:

<u>Medical Condition</u>	<u>Medications</u>	<u>Procedures</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Required:</b>	_____	_____
	signature of parent/guardian	date

**PART II. Refusal of consent for treatment. Do not complete Part II if you completed Part I.**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to **take no action or to:**

\_\_\_\_\_

\_\_\_\_\_

<b>Required:</b>	_____	_____
	signature of parent/guardian	date