

EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION FORM

****MUSTANG CORRAL PARTICIPANTS ONLY****

Student Full Name (printed): _____ SMU ID: _____

1. Please identify all known allergies of student to foods, drugs, insect bites, dust, etc, and the nature of reaction (if none, please put N/A):

2. If student is presently taking medication, please identify the medication and the reason for its use (if none, please put N/A):

3. In case of emergency, the following person(s) should be contacted:

PRIMARY

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

OTHER

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Due to the foreign and possibly remote setting of some activities of this event, access to hospitals and medical facilities may be limited. Please sign below to provide consent for emergency medical treatment during Mustang Corral (August 21-23, 2014). Please note that the Coordinators are NOT trained medical professionals and may NOT be able to help if a serious accident or illness occurs.



I hereby authorize Southern Methodist University to provide, at my expense, any and all necessary emergency medical care required for me/my child while participating this event from August 21, 2014 to August 23, 2014.

****This authorization does / **does not** (circle one) authorize blood or blood products to be provided.**

Date: _____

Student's Signature

Student's Printed Name

SMU Student ID

Phone/Contact Information

PARENT/GUARDIAN SIGNS IF STUDENT IS UNDER 18 YEARS OF AGE

Parent/Guardian's Signature

Address/City/State/Zip

Phone/Contact Information

Second Parent/Guardian's Signature

Address/City/State/Zip

Phone/Contact Information