

OHIO DOMINICAN UNIVERSITY SPORTS MEDICINE EMERGENCY MEDICAL NOTIFICATION AND AUTHORIZATION FORM

Last Name	First	M.I.	Sex
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Age	Date of Birth	Social Security #	Sport(s)
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Home Address	City	State	Zip
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Parents Name	Primary Phone#	Secondary Phone #
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Person to contact in case of emergency	Primary Phone#	Secondary Phone #
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Insurance Carrier	Primary Policy Holder's Name	Primary Policy Holder's Date of Birth
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Policy Number	Group Number	Insurance Carrier Phone Number
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1. Have you ever had surgery? YES NO
2. Are you presently taking any medications or pills? YES NO
3. Do you have any allergies (medicine, bees, food)? YES NO
4. Have you ever had a seizure? YES NO
5. Do you wear glasses, contacts or protective eyewear? YES NO
6. Do you have any other medical conditions or problems (mononucleosis, diabetes, etc)? YES NO

Please explain any "yes" answers _____

I, _____, give consent for medical treatment in the event that I am injured or become ill during participation in athletics. By signing below, I also grant the treating physician and/or medical facility permission to release all information pertaining to my injury and/or illness to the Ohio Dominican University Athletic Training staff. A Photostat copy of this authorization shall be deemed as effective and valid as the original.

In the event of a serious injury, a member of the athletic training or coaching staff will contact the emergency contact that I have designated on my Emergency Medical Form. My emergency contact person will be notified if I am hospitalized, unconscious, or unable to verbally give authorization, at the discretion of the athletic training staff. I give my consent for this person to be contacted in such an event.

I/We have read and understand the insurance coverage and claim procedures for the Intercollegiate Athletic Program at Ohio Dominican University. I/we also understand I/we am responsible for payment which is not covered by our own, or Ohio Dominican University Athletic Insurance Program.

Athlete's Signature	Date	Parent/Legal Guardian's Signature	Date
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Jamison L. French, ATC, LMT
Head Athletic Trainer
614.253.4864
frenchj@ohiodominican.edu

Please return this form to: Ohio Dominican University
Athletic Department, Attn: Jamison French
1216 Sunbury Rd
Columbus, OH 43219