

Form M – Medical and Health Insurance Information
and consent for Medical and Dental Care of a Minor

Student Last Name	First	Middle	Mother or Guardian: Last Name	First
Male	Female		Father or Guardian: Last Name	First
Birth Date (mo/day/yr)	Age	Grade	Home Phone	Emergency Contact Number
Home Address			Home Phone	
City		State	Zip	Phone
Medical/Health Insurance with		Address of Insurance Company		
Policy Holder		Policy Number		

AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)

In case of emergency illness or accident, the child is given first aid and the parents will be notified. If the parents or the child's doctor cannot be located, the child will be taken to the St. Francis Hospital Emergency Room, Tulsa, OK.
We the undersigned, parent(s) or legal guardian of the minor(s) listed below:

(Minor's Name) Birth Date do hereby authorize any x-ray, examination, anesthetic, dental, medical or surgical diagnosis, or treatment by any physician or dentist licensed by the state of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of an acting agent of ORU College Preparatory Institute, the temporary Custodian of the minor, whether such a diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the state of Oklahoma. I/We authorize the physician(s) or dentist(s) to call in any necessary consultants, in his/their discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician(s) or dentist(s) who have temporary custody of the minor, and said physician(s) or dentist(s) to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. If ambulance service is needed, I/we authorize a call for emergency service.

This consent shall remain effective until a.m./p.m. on the day of , 20 , unless sooner revoked in writing delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child or children.

Witness (Other than Custodian(s))	Father/Mother
Dated:	Legal Guardian

AUTHORIZATION OF NONPRESCRIPTION MEDICATION

The staff of ORU College Preparatory Institute has my permission to administer the following if needed to my child:

	Yes	Initial	No	Initial
Aspirin				
Tylenol				
Advil				
Decongestant				
Anti-Histamine				
Throat Lozenges				
Pepto-Bismol				

Please list allergies, if present:
If there are any physical problems or any special instructions, please comment: