

**ORU Early College for High School Students**

Must be submitted prior to arriving at ORU Early College

**Form M - Medical and Health Insurance Information
and Consent for Medical or 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 Phone

Home Address

Home Phone

City

State

Zip

Medical/Health Insurance With**Phone****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:

Birth Date:

(Minor's Name)

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 Early College for High School Students, 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.

Dated

Witness: (Other than Custodian(s))

Father / Mother

Legal Guardian

AUTHORIZATION OF NONPRESCRIPTION MEDICATION

The staff of ORU Early College for High School Students has my permission to administer the following if needed to my child:

	Yes	Initial	No	Initial
Aspirin	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Tylenol	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Advil	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Sudafed	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Benadryl	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Cough Drops	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Pepto-Bismol	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Please list all allergies, if present:

If there are any physical problems or any special instructions, please comment:

MEDICATIONS

Please list all **medications** you will be taking while you are at ORU Early College:

Certification

I understand this form will only be shared with the Early College staff and faculty on an as-needed basis and will be kept strictly confidential.

Student's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____