

Emergency Contact and Medical Information for EKU McNair Scholars Program

Scholar's Name	M F Sex
Date of Birth	
Parent's/Guardian's Name	Parent's/Guardian's Name
() Home Phone	() Work Phone
() Home Phone	() Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
() Home Phone	() Home Phone
() Work Phone	() Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Scholar Name (Printed)	
Scholar Signature	Date
Witness Signature	Date