

YOU & TU

EMERGENCY MEDICAL AUTHORIZATION FORM NO STUDENT WILL BE HOUSED UNTIL THIS INFORMATION IS ON RECORD

Student Name: _____

Parents/Guardians: _____

Address: _____

City

State

Zip

Insurance Information:** (Please provide a current copy of insurance card) ******

Company: _____

City/State/Zip: _____

Policy ID: _____

Group Number: _____

In the event reasonable attempts to contact:

(Phone Number)

(Phone Number)

_____ or at _____

have been unsuccessful, I do hereby give my consent for:

- 1. The administration of any treatment deemed necessary by a licensed physician, and**
- 2. The transfer of the student to any hospital reasonably accessible.**

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history, including allergies, medications being taken, and any physical impairment to which authorized University personnel or a physician should be alerted:

DATE ____ / ____ / ____

Signature of Student

DATE ____ / ____ / ____

Signature of Parent or Guardian

IMMUNIZATION RECORD

NO STUDENT WILL BE HOUSED UNTIL THIS INFORMATION IS ON RECORD

Name _____

Date of Birth _____ Male _____ Female _____

Please list the dates of the immunizations that you have received. It is always wise to make sure that your personal shot record is up to date and add any that may be of concern to you.

IT IS IMPORTANT THAT SPECIFIC DATES BE LISTED

The list of immunizations below are recommended by the American College Health Association and Tiffin University recommends them along with requiring(*) the MMR and Meningococcal for all students residing on campus.

*MMR (measles, Mumps, Rubella) (Two doses required after 12 months of age)	Dose 1 given at 12-15 months of age or later <hr/> M D Y	Dose 2 given at age 4-6 years or later. <hr/> M D Y			<u>Required for all students residing in campus housing.</u>
Tetanus-Diphtheria (Primary series with DTaP or DTP and booster with TTP in the last ten years meets requirements)	Primary series of four doses-#1 <hr/> M D Y	DTaP/DTP #2 <hr/> M D Y	DTaP/DTP #3 <hr/> M D Y	DTaP/DTP #4 <hr/> M D Y	DTP Booster <hr/> M D Y
Polio (Primary series in childhood meets requirement; three primary series schedules are acceptable)	OPV #1 <hr/> M D Y	OPV #2 <hr/> M D Y	OPV #3 <hr/> M D Y	OPV #4 <hr/> M D Y	
Chicken Pox (History of chicken pox disease or one varicella vaccine before age 13 or two doses after age 13)	History of Disease <u>Yes or No</u>	Date of Vaccine #1 <hr/> M D Y	Date of Vaccine #2 <hr/> M D Y		
Hebatitis B (Three doses of vaccine) Highly Recommended by T.U.	#1 <hr/> M D Y	#2 <hr/> M D Y	#3 <hr/> M D Y		
*Meningococcal (Meningitis) Required for all students	Menactra <hr/> M D Y				<u>Required for all students residing in campus housing.</u>
Flu Vaccine	As recommended by physician <hr/> M D Y				