



**Emergency Contact Information
and
Consent for Medical Treatment**

School Information: EMS Education Division at EMTS
Office: EMTS (972) 527-3687
Urgent/Emergent Issues Call: Use extension 304

EMS Program Site Manager (1 st point of contact)	Tom Cellio	cell phone	(214) 738-6694
Advanced Program Coordinator	Chris Cothes	cell phone	(214) 662-9217

Student Information:

Legal Name (First, Middle, Last): _____

Home Address (Complete): _____

Home Phone: (____) _____ **Cell/Other Phone:** (____) _____

Age: _____ **Sex:** _____ **Date of Birth:** ____/____/____

Student Emergency Notification: (In addition to notifying the school)

#1 Contact in Case of Emergency (Complete Name): _____

Relation: _____ **Home Phone:** (____) _____ **Cell/Other Phone:** (____) _____

#2 Contact in Case of Emergency (Complete Name): _____

Relation: _____ **Home Phone:** (____) _____ **Cell/Other Phone:** (____) _____

Student Medical History: **Allergies:** _____

Medications: _____

Seizures: ____ **Heart:** ____ **Diabetes:** ____ **Hypertension:** ____ **Pregnant:** ____ **Motion Sickness:** ____

Recent surgeries, injuries, or conditions that may affect crew safety and/or patient care: _____

If I experience a need for medical attention and are unable to provide informed consent of treatment the EMS school, clinical, and/or internship site has full discretion as to the level of care provided. I am aware that I am responsible for any charges that may arise regarding care provided.

Signature: _____ **Date:** _____