



MARINE PROGRAM

<b>Please Print</b>			
Last Name: _____		First Name: _____	
Social Security #: _____		University ID: _____	
Program/City: _____		Home Institution: _____	
Indicate program semester and year:      Fall 20____      Spring 20____      Summer 20____			

Emergency Medical Care Authorization

In the event of a medical emergency , the University will make every effort to reach the person designated as an emergency contact before using the authorization below . In case we are unable to communicate with the emergency contact person immediately, your signature on this optional authorization may assist in obtaining necessary medical care.

Choose EITHER A or B:

- o A) To prevent dangerous delay in the event of an extreme emergency requiring hospitalization and/or surgery, I hereby authorize the Resident Director , or appropriate authority, of the Boston University program to secure whatever treatment is deemed necessary for me/my child including the administration of an anesthetic and/or surgery .

Signature (Student OR, if under 21, Parent/Guardian)

Date

-----OR-----

- o B) I do not authorize Boston University to secure medical treatment on my/my child' s behalf.

Signature (Student OR, if under 21, Parent/Guardian)

Date

Emergency Contact Information

Emergency Contact 1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_