



Health Services Department

Personal Information Form & Authorization For Emergency Treatment

Emergency Contact Information

Last Name, First Name

Age

Student Number

Sex: ___Feminine ___Masculine

Marital Status: ___Single ___Married

Major

Nickname

Religion

Nationality

Physical Address

Postal Address

Emergency Telephone Contact

Person To Notify In Case of Emergency

Day: _____

Name: _____

Night: _____

Parent: _____

Neighbor: _____

Existing Health Conditions : _____

Other: _____

Allergies: _____

Blood Type: _____

Parent/Guardian Name: _____

Postal Address: _____

Phone Number: _____

Authorization for Medical Treatment

I, _____,

Parent / Guardian,

authorize the Health Services Department of Antillean Adventist University to perform evaluations, medical treatment and over-the-counter medicines or medication with proof of prescription. I authorize any referrals to other hospitals or medical institution which are accredited by the Department of Health to treat (student name) _____, minor whom I possess all parental authority. I authorize the University nurse or an authorized physician to make necessary judgements when they are in accordance with the normal and prevailing practices in the field of medicine in Puerto Rico.

This authorization is valid while my son/daughter is a student at the University. I certify that I understand the information contained in this authorization form.

This authorization also applies to the services offered by primary care doctors and specialist provided by the student medical plan and/or whichever insurance plan the student has.

I understand that in case of any surgery or procedure which is not classified as an emergency I will be consulted prior to said surgery or procedure.

THIS DOCUMENT WILL REMAIN IN THE STUDENTS MEDICAL FILE AND COPIES CANNOT BE MADE WITHOUT PRIOR AUTHORIZATION OF THE UNIVERSITY NURSE.

AFFIDAVIT NUMBER _____

Sworn and affirmed before me _____ whom I attest I have met personally
in (city) _____, today _____
(month) _____ (year) _____.

Signature & Stamp of Notary/Lawyer