

Form B

MEDICAL RELEASE FORM

Student Name: _____

Event Name: _____

I, _____, Parent or legal guardian of the above named minor, hereby give my permission, consent and authorization for the minor to participate in the above referenced activity on the campus of Stephen F. Austin State University, Nacogdoches, Texas, on _____ (date).

I, _____, Parent or legal guardian of the above named minor, hereby give my permission, consent and authorization for any medical treatment deemed necessary by a hospital or physician. I appoint the event coordinator and/or director my lawful agent with power to authorize and consent to the administration of medical treatment during the above referenced event. **I understand and agree that I shall assume and will be solely responsible for any expense that may be incurred in the treatment of child.**

Parent/Guardian Signature _____ Date _____

Note: Parent/Guardian signature is required if students are under 18 years of age. Students under the age of 18 must bring this form to Orientation and keep it in their possession at all times.

MEDICAL INFORMATION

Parent/Guardian Name: _____

Student Name: _____

Address: _____

Home Phone: _____ Office/Cell Phone: _____

Name of Additional Contact Person: _____

Additional Contact Phone: _____ Relationship: _____

Family Physician Name: _____

Family Physical Phone: _____

Student's Known Medical Conditions: _____

Required Medications: _____

Allergies to Medications: _____

Insurance Identification: _____

Other Pertinent Information: _____

By signing this form I, _____, affirm that the above information is accurate to the best of my knowledge and may be relied upon in the administration of any emergency medical treatment which I have previously authorized by my signed Medical Release Form.

Parent/Guardian Signature _____ Date _____