



Dear Parent or Guardian:

This letter is to ask your permission to assess and/or treat your child in case of illness or a medical emergency. If the student is too ill to be treated on campus, he or she would be transported to the nearest emergency room. If this *does* meet with your approval, please sign this form and list any pertinent medical history. If this *does not* meet with your approval, please attach a letter outlining what you wish done in case of a medical emergency.

Berry College Office of Admission

MEDICAL RELEASE FORM

I DO _____ DO NOT _____ give permission for medical treatment for _____
(student's name)

to be administered by Berry College Student Health Center personnel or an emergency care facility in
the area during his/her visit to the Berry campus on _____
(dates)

Please complete the following:

Medications Taking: _____ Medicine Allergies: _____

Family Physician: _____ Phone Number: _____

Address: _____

Medical Insurance Company Name: _____

Group Number: _____ Subscriber's Name: _____

Pertinent medical history: _____

Emergency Contact Information:

Emergency Contact Person: _____

Relationship to Student: _____ Emergency Contact Phone #: _____

Date: _____

Parent or Guardian: _____
(Print)

Parent or Guardian: _____
(Signature)