



Rhodes College

—1848—

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.

Rhodes College Student Health Center

MEDICAL RELEASE FORM

Please bring with you to the Office of Admissions when you meet your host. You will give the completed medical release form to your student overnight host.

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

to be administered by Rhodes College Student Health Center personnel or an emergency care facility in

the area during his/her visit to the Rhodes campus on _____
(dates)

Please complete the following:

Allergic to what medicines: _____

Current medications taking: _____

Family physician: _____ Phone: _____

Address: _____

Medical Insurance Company name: _____

Group Number: _____

Subscriber's name: _____

Pertinent medical history: _____

In case of an emergency, every effort will be made to reach the undersigned.

Emergency number where *undersigned* may be reached _____

Date: _____ Parent or Guardian: _____