

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.

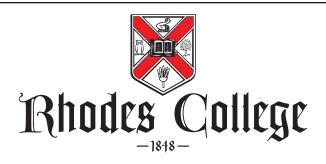
Rhodes College Student Health Center

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.

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I DODO NOTgive permission for medical treatment for	
to be administered by Rhodes College Student Health Center personnel or an e	(student's name) mergency care facility in
the area during his/her visit to the Rhodes campus on	
Please complete the following:	(dates)
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 <i>undersigned</i> may be reached	
Date:Parent or Guardian:	

2000 North Parkway, Memphis, TN 38112 • 800-844-5969 or 901-843-3700



OFFICE OF ADMISSIONS

WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR PROSPECTIVE STUDENTS

campus. This visit may involve attending classes, par	ospect) to Rhodes College (the "College") who is visiting the rticipating in social events, taking meals and staying overnight oes not assume liability for the ordinary risks associated
	es that the Prospect sign this General Waiver, Release and
representatives, hereby forever releases and dischar employees and agents (the "Released Parties"), from participation in the Activities, including, without	se Print Name) the Prospect, in consideration for ges the College, its trustees, officers, faculty, staff, m any and all liability arising out of the Prospect's limitation, liability for any claims or causes of action ary (including death), to the Prospect or to property owned in such activities.
assume the liability for, and indemnify and defend sickness, personal injury, death, property damage out of any negligent, intentional or other act or on	tted to participate in the Activities, further agrees to I the College from, any and all claims or damages for any or any other loss that may arise, either wholly or in part, hission by the Prospect in connection with the Activities, but of the joint or concurrent negligence of a third party,
	mobile in order to transport himself or others in connection rospect has a valid automobile operator's license and is
	faculty members, employees, nor other agents, assume any f Prospect. In the area of personal behavior, the Prospect al decisions for which the College does not assume
	pect's Signature
Date	: