

# MEDICAL CONSENT FORM

This form is required fo student under the age of 18. It must be completed in full by student's parent or guardian.

Student Information		
Last :	First :	Middle :
Student ID :	Birth date :	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Address :		
Call phone :	Home phone :	
Email :	Personal Email :	

Emergency Contact Information		
Name :	Relationship to student :	
Address :		
Call phone :	Home phone :	Work phone :
Email :		

Health Care Authorization and Release		
Name :	Relationship to student :	
Call phone :	Home phone :	Work phone :
Email :		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date