MEDICAL TREATMENT CONSENT FORM

I, (the student) _____, OR, I (the undersigned parent/legal guardian of student under 18) _____, authorize the employee(s) or agent(s) of the College of Mount St. Joseph to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for the health of the above-named student.

In the event of an emergency in the view of the faculty of the program and/or College representative, I authorize the faculty and/or College representative to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty and/or College representative. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or College representative in connection with any such medical emergency, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

List name of Parent/Legal Guardian who you would like us to attempt to reach regarding treatment in an emergency:

Name: _____ Relationship: _____
Telephone: Home (___)_____ Work: (____)_____
Cell (___)_____

Medical Insurance Information:

Primary Heath Insurance Company: _____
Telephone: _____ Policy # _____ Group # _____
Address: _____
Subscriber's Name: _____ Date of Birth: _____
Relationship to student: _____

Secondary Health Insurance Company: _____
Telephone: _____ Policy # _____ Group # _____
Address: _____
Subscriber's Name: _____ Date of Birth: _____
Relationship to student: _____
PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD *

Signature of Student:

_____ Date: _____

Signature of Parent/Legal Guardian (if student is under 18):

_____ Date: _____