

The Citadel CLC Medical Consent Form

(Print Cadet's Last Name, Then First)

(SSAN #)

(State and Unit #)

(Name of High School)

Date of Birth: _____

Parent or Guardian: _____
(last name, first name, middle initial)

Home Phone: () _____ Day Phone: () _____ Day Phone: () _____
(Mother) (Father)

Cell Phone: () _____ Cell Phone: () _____
(Mother) (Father)

I understand that I will be contacted as soon as possible in the event that my child will need medical attention. If I am not available, please contact:

Name _____
(last name, first name) (relationship)

Home Phone: () _____ Day Phone: () _____ Cell: () _____

Medical Consent:

I hereby consent to and authorize the provision of emergency medical treatment for my child by The Citadel Infirmary physician and/or staff until I can be contacted. I also agree to be responsible for the cost of said treatment.

(Parent Signature)

(Date)

Insurance Co.: _____ Policy: _____

Family Physician: _____ Phone: _____

STATE OF _____ COUNTY OF _____

On this ____ day of _____ 20 ____ before me personally appeared _____
(Name of parent/guardian)

before me to be the person whose name is subscribed to the above instrument and who acknowledged to me that executed the same as his/her free act and deed.

IN WITNESS WHERE OF, I have hereunto set my hand affixed by official seal this ____ day of _____ 20 ____.

(Seal) (My commission expires)