

Limestone College Medical Consent Form

Please read carefully

Important: Legal safeguards make it necessary for each student to have a medical history and immunization records on file in the Health Center. The primary purpose of this medical record is to provide a basic point of reference in case of future illness, to identify any medical condition requiring attention before it interferes with your studies or sport activities, and to provide the Health Center with knowledge of any necessity for ongoing treatment. All information revealed will be confidential and will not interfere with acceptance in the College unless such findings would endanger other students or staff.

Incomplete or missing paperwork can cause delays in registration. Limestone College is not a record-keeping agency. Please retain a copy of your medical records for future reference.

Medical Consent I hereby consent to and authorize Limestone College Health Services, their agents and consultants, to perform diagnostics and treatment procedures, which in their judgment may become necessary while I am a student at Limestone College. I understand I am responsible for charges incurred.

Medical Release I consent to and authorize Limestone College Health Services, Counseling Services and the Athletic Training Department to release or secure copies of records pertaining to my healthcare to or from any physician, hospital, medical care facility or medical related facility. I further authorize the release of this information to employees and agents of Limestone College to be used within the Limestone College System.

Parental Notification I hereby authorize Limestone College, its employees and/or agents, including but not limited to Limestone College Health Services, Counseling Services and the Athletic Training Department to notify my parents and/or guardians in the event of an emergency, serious illness, or other matter which, in the opinion of Limestone College, may substantially affect my health or safety.

Authorization My signature authorizes Limestone College to act in the capacity stated above. This authorization is valid until revoked or until graduation or official withdrawal from Limestone College. If I wish to change this authorization, a new form must be completed, signed and dated. **I have read and agree to all of the above terms.**

Student Signature _____ Date _____

Print Name _____

Date of Birth _____ Limestone College Student ID _____

Signature of Parent (Student under age 18) _____

Printed Parent Name _____

*****NOTE: Please attach a copy (front and back) of your insurance card.**

