

**DELTA STATE UNIVERSITY
LIABILITY AND MEDICAL RELEASE FORM**

INSTRUCTIONS: This form must be signed by a parent for guardian and presented at check-in. Please answer all the following questions.

I, the undersigned parent or guardian, do hereby grant permission for my child to attend the 2008 Madison Athenaeum. In the event of an injury or illness, I hereby authorize the DSU Student Health Center to obtain medical treatment for my child. I release Delta State University and all its representatives from liability in the exercise of this authority.

Signed: _____
(parent or guardian)

I understand treatment for minor first aid may be obtained at the Delta State Health Center without charge. I am to assume all charges for doctor fees, lab work, and/or X-Rays. So that we can provide your child with the best possible service, we request the completion of the medical form below.

Height: _____ Weight: _____ Age: _____

Allergies to medications:

If no known allergies to medications, please write none on this line: _____

Currently taking the following medications:

If currently not taking any medications, please write none on this line: _____

Student's name: _____

Home telephone: _____

Work/cell telephone: _____

Home address: _____

Town/State/Zip code: _____

Insurance company: _____

Medical Insurance policy number: _____

Notice: Please send any over-the-counter medications your child may need for common medical problems like menstrual cramps, allergy season medication, headaches, upset stomach or sleep problems. Please send Band-Aids, throat lozenges and cough drops if needed by your child.