



Medical Authorization Form

For All Students

DEAR PARENT/GUARDIAN/STUDENT:

This authorization form is now required of all students. Sometimes emergencies do arise, and we feel that you would want us to have your permission to authorize whatever kind of treatment or surgery a hospital/doctor deems necessary at that time.

Note to authorized legal guardians – If medical treatment requires consent, we will do our best to notify you by telephone. We will do for your daughter or son what we would do for one of our own children in the same circumstances.

Sincerely,
Jon Forlines
Dean of Students

***It is imperative that this document be notarized; that is, you must sign your signature in the presence of a notary public. Without this notarization your signature is not sufficient.**

Student's Name (print) _____ Date of Birth _____

I authorize the Administration at Welch College to give permission to any hospital or physician to treat the student named above. This authorization covers medical transportation, the administration of anesthetics, surgery, or any other treatment a hospital/doctor deems essential at that time. In addition, it will remain in effect as long as the person named above lives in the dorm.

_____ Date _____

Student's Signature (only able to honor this signature if the student is at least 21 years of age at the date dorms are open, **or if the student is emancipated from parental guardianship**)

_____ Date _____

*Parent's Signature (required if the above does not apply)

(_____) _____

Cell Phone(s)

(_____) _____

Day Time Phone(s)

(_____) _____

Evening Phone(s)

Notary Public

My Term Expires