

WELLNESS CENTER / ATHLETIC DEPARTMENT
CONSENT FOR MEDICAL TREATMENT

ALL FORMS MUST BE COMPLETED, SIGNED, AND RETURNED TO THE WELLNESS CENTER BEFORE THE STUDENT ARRIVES ON CAMPUS. PLEASE MAINTAIN A COPY OF ALL FORMS.
(**PHYSICAL** to be completed no earlier than June 1st for the incoming school year)

<u>STUDENT INFORMATION</u>		
Last Name:	First Name:	Middle Name:
Date of Birth:	Social Security Number:	
Home Phone:	Cell Phone:	Email Address:
Number and Street Address:		
City:	State:	Zip:
<u>PARENT/GUARDIAN CONTACT NAME/INFORMATION</u>		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
<u>PARENT/GUARDIAN CONTACT NAME/INFORMATION</u>		
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
<u>EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) NAME</u>		
Home Phone:	Cell Phone:	Work Phone:

RELEASE STATEMENT

I do hereby give permission for the Valley Forge Military College Wellness Center staff and/or consultants approved by them to treat my son/daughter on a routine or emergency basis. I also give my permission for his/her referral to any other area hospital for evaluation and treatment as deemed necessary for his/her well-being. I also understand that should such a referral be necessary, I will be notified as soon as possible. For my student athlete, I give permission for treatment by a certified athletic trainer and/or a sports medicine practitioner contracted by VFMC. I will provide a complete health and immunization record to the Wellness Center before his/her arrival on campus. I understand that if these are not complete in accordance with PA state law they may be administered without further notice at VFMC Wellness Center and at an additional cost to me. I fully understand that I am responsible for all expenses incurred in the medical, surgical, psychiatric, dental, and podiatric treatment of my child.

I do hereby give permission for VFMC Wellness Center to release and receive protected health information regarding my child; for the purpose of but not limited to, completion of all required medical/psychiatric records and pertaining to referrals made to medical professionals, consultants, labs, and hospitals involved in his/her care. The Wellness Center may review/release pertinent medical/drug test results to VFMC Administration.

I understand that a completed physical exam must be done on my son/daughter no earlier than May 31 for the incoming school year and before arrival on campus or he/she will not be able to fully participate in sports or any physical activity until the exam has been completed. The school physical exam must be completed on the provided medical form. I also understand that if any component of the mandatory physical exam or immunization record is missing, it may require the student to leave campus at VFMC discretion until complete.

I further understand that if any information on this form is false, misleading, or omitted which in the opinion of the school would have reflected adversely on the decision for acceptance, the school, at its discretion, may dismiss my child. I have read and fully understand the health information as submitted by Valley Forge Military College.

I acknowledge narcotics are not permitted in barracks and must be stored and dispensed through the Wellness Center.

Parent or Guardian Signature

Date:

OR

Student Signature (if age 18 or older)

Date: