STUDENT LIFE DEPARTMENT

AUTHORIZATION OF MEDICAL CARE

In the event that I (Printed Name of Traveler) _____ become ill or injured and my decisional capacity is impaired, I hereby designate the following individual as my medical surrogate to act on my behalf to make health care decisions for me:

_____

Name

_____

Telephone (home) (cell) (work) (e-mail)

_____

Address Relationship to undersigned

If the above-named individual refuses or is unable to act for me, I designate the following as my medical surrogate to act on my behalf to make health care decisions for me:

_____

Name

_____

Telephone (home) (cell) (work) (e-mail)

_____

Address Relationship to undersigned

In the event that the above-named designee(s) cannot be reached, I hereby designate the Program Director(s) or his/her/their representative(s) to act on my behalf in an emergency should my decisional capacity be impaired. Any prior designation is revoked.

Please complete this section ONLY if the student participant is under the age of 18 and requires approval from a parent or legal guardian.

I, _____ (name of parent/guardian), have read and understand the agreement listed above. I give permission to the college staff member and/or advisor accompanying _____ (name of student) to act on my behalf if medical attention is needed or in the case of an emergency.

Student Health Information

Please list any allergies or irritants that may be of medical concern:

_____

_____

Please provide a list of daily and/or regular medications in which the student must take:

_____

_____

Do not sign this form unless in the presence of a Notary

THIS DOCUMENT MUST BE NOTARIZED BEFORE IT IS SUBMITTED TO THE OFFICE OF STUDENT LIFE

I have read, understand and confirm that all of the information provided is accurate and complete.

_____
(A#)

_____ _____
(Student Signature) *Date*

_____ _____
(Student Name Printed) *Date*

_____ _____
(Parent/Guardian Signature) if 18 or under *Date*

_____ _____
(Parent/Guardian Printed) if 18 or under *Date*

(423) 697-2482 – studentlife@chattanoogastate.edu