



**Treatment Consent Form
Office of Admissions**

Student Information

Name: _____

Address: _____

Date of Birth: _____ Last Tetanus Shot: _____

Allergies: _____

Parent/Guardian Information

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

If unable to reach parent/guardian, please contact:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Permission is hereby granted to the Union College Health Provider to proceed with any needed minor medical or first aid treatment for the above named student. In the event of serious illness or significant injury, the above named student will be transported to Ellis Hospital for treatment.

Parent/Guardian Signature Date

Parent/Guardian Signature Date