



JACKSON STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.
HOUSTON AREA CHAPTER
MEDICAL RELEASE FORM

Student's Name (please print)

FIRST NAME MI LAST NAME

Medical Release

I give my permission to have him/her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. Medical treatment includes transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of my child.

ANY EXCEPTIONS:

Emergency Contacts

If unable to reach me in case of an emergency or change in plans, please contact one of the following. Arrangements will be made with the following individuals prior to the event.

Name: Day: Evn: Relationship:
Name: Day: Evn: Relationship:

I have provided medication for my child to take with the supervision of the JSU adult in charge			Yes	No
Medication:	Dosage:	How often?		

Parent/Guardian Signature:

Student Signature:

Date: