

MEDICAL EMERGENCY FORM

SPRING STRING THING

No student will be registered for the JMU Spring String Thing without a completed, signed Medical Emergency Form. Fill out even if you do not have insurance.

Student's Name _____ Birth Date _____

Legal Address _____ Social Security # _____

(city)

(state)

(zip)

I have been informed that should a medical emergency occur during the SST weekend, as determined by the staff of the JMU Spring String Thing, my son or daughter will be treated by the medical staff at Rockingham Memorial Hospital adjacent to the JMU campus or the nearest available emergency treatment facility.

I, (print) _____ as the parent/legal guardian of Spring String student (print) _____, do hereby release

James Madison University and the JMU Spring String Thing from any and all medical liability, and understand and authorize that medical care as outlined above is to be administered only by an accredited and licensed physician/nurse or hospital.

List any and all current medical conditions and known illnesses: _____

and list any and all medications needed for the conditions outlined above: _____

List

(1) any and all allergies or known allergic reactions: _____

(2) any other known medical conditions: _____

(3) any prescription medications taken in the last 12 months: _____

Medical/Hospital Insurance Information/Consent Form

If no medical coverage is available, the parent/guardian MUST attach a SEPARATE sheet that gives a specific, detailed, signed written statement of 1) what actions that should be taken in the case of a Medical Emergency and 2) that total financial liability for any medical care given to the child, in lieu of the Insurance Information below,

Medical Company _____ Policy/Group# _____

Home phone: () - Wk phone: () - Cell: () -

In case the parent/guardian cannot be reached or located, I authorize JMU Spring String Thing to contact: (name) _____ relationship _____ at () - for medical instructions and/or information.

The above information is critical to the care of the Spring String Thing students, and I warrant that the information is current and correct. Should a medical emergency arise, the student will be cared for first and parents/guardians will be notified as quickly as possible thereafter.

Signature, Parent/Legal Guardian _____ Date _____