

*This form is required if you are living on campus.
Due August 1 for students entering fall semester. Due January 1 for students entering spring semester.*

THIS PAGE IS TO BE COMPLETED BY THE STUDENT (WITH A PARENT IF UNDER 18 YEARS OLD).

Last Name: _____ First Name: _____ Middle Initial: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Entrance: _____
Social Security #: _____ Major: _____
Legal Sex: Female Male Housing: Resident (on-campus housing) Commuter
Are you a Veteran? Yes No Do you plan to participate in an intercollegiate sport? Yes No
Marital Status: Single Married

CONSENT FOR TREATMENT

The law requires parental permission for procedures on **minors**. The following statement is prepared for this student's protection.

In the event of a medical or surgical need for the undersigned student while at Marian University, I hereby authorize the performance upon said student of such medical or surgical procedures as may be prescribed by a physician licensed to practice medicine and surgery.

Date: _____

Student Signature: _____

PARENT/GUARDIAN (if student is under age 18)

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

WITHOUT SIGNED CONSENT FOR TREATMENT, NO STUDENT WILL BE TREATED AT THE STUDENT HEALTH SERVICES CENTER UNLESS AN EMERGENCY ARISES!

A situation rarely arises in which emergency treatment or hospitalization is necessary but if an emergency should occur, prompt action may be imperative. We make an attempt to communicate with some member of a student's family when hospitalization is required, but we are sometimes expressly requested by a physician to obtain authority for treatment when it is impossible to contact the parents. This consent may be helpful in such a situation.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Home Address: _____ Cell Phone: _____

Business Address: _____ Work Phone: _____

INSURANCE

I carry hospitalization and/or illness and accident insurance: Yes No

Insurance Company Name: _____

Group and Certificate Number: _____

Please provide a copy of BOTH sides of your insurance card.
Student must have an updated card if the insurance carrier changes.