

M *Medical Release*

My child has no physical conditions which will keep him/her from participating in the full range of activities being planned. I authorize Bob Jones University to act for me according to their best judgment in any emergency requiring medical attention. I understand that the University is not responsible for any expense incurred because of any injury or illness.

Visitor's name

last

first

middle

name you go by

Date of birth

/

/

Date of visit

/

/

male female

Name of responsible party

Insurance provider

Social Security number of responsible party

Policy number

Signature of responsible party

Please list any medical conditions of which we should be aware:

Please bring this form with you to check-in.