

Campus Guest Medical Release Form



BOB JONES UNIVERSITY
EST. 1927

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. If medical attention is advised by Bob Jones University but upon parental notification that treatment is refused, I understand that my child will not be permitted to remain. I also understand that the University is not responsible for any expense incurred because of injury or illness.

Visitor's name (first, last) _____ Name he or she goes by _____

Date of birth / / Male Female Date of visit / / _____

Name of responsible party _____

Insurance provider _____ Insurance company phone () _____

Policy number _____

Signature of responsible party _____

Phone number of responsible party () _____

Email of responsible party _____

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

Please bring this form with you to check-in.