



LIMESTONE UNIVERSITY MEDICAL CONSENT FORM

PLEASE READ CAREFULLY

IMPORTANT: Legal safeguards make it necessary for each student to have a medical history & immunization records on file in the health center. The primary purpose of this medical record is to provide basic point of reference in case of future illness, to identify any medical condition requiring attention before it interferes with your studies or sports activities, and to provide the health center with knowledge of any necessity for ongoing treatment. All information revealed will be confidential and will not interfere with acceptance into the University unless such findings would endanger other students or staff.

Incomplete or missing paperwork can cause delays in registration. Limestone University is not a record keeping agency. Please retain a copy of your medical records for future reference.

MEDICAL CONSENT: I hereby consent to and authorize Limestone University Health services, their agents & consultants, to perform diagnostics & treatment procedures, which in their judgment may become necessary while I am a student of Limestone University. I understand I am responsible for charges incurred.

MEDICAL RELEASE: I consent to & authorize Limestone University Health Services, Counseling Services & the Athletic Training Department to release or secure copies of records pertaining to my healthcare to or from any physician, hospital, medical care facility or medical related facility. I further authorize the release of this information to employees & agents of Limestone University to be used within the Limestone University system.

PARENTAL NOTIFICATION: I hereby authorize Limestone University, it's employees and/or agents, including but not limited to Limestone University Health services, Counseling Services, & Athletic Training Dept. to notify my parents and /or guardians in the event of an emergency, serious illness, or other matter which, in the opinion of Limestone University, may substantially affect my health or safety.

AUTHORIZATION: My signature authorizes Limestone University to act in the capacity stated above. This authorization is valid until revoked or until graduation or official withdrawal from Limestone University. If I wish to change this authorization, a new form must be completed, signed & dated. **I have read & agree to all of the above terms.**

Student signature _____

Date _____

Print Name _____

DOB _____

Signature of Parent (student under 18) _____

Printed Parent Name _____

Limestone ID# _____



LIMESTONE
UNIVERSITY