

## FLY-IN WEEKEND MEDICAL RELEASE FORM

Address City/State Zip   Home Phone Cell Phone   Father/Guardian Home Phone Number Image: Second Se	Student Name		Gender	Birthdate	
Father/Guardian   Name     Home Phone Number   Work Phone Number     Cell Phone Number   Cell Phone Number     Mother/Guardian   Name     Home Phone Number   Cell Phone Number     Work Phone Number   Cell Phone Number     Cell Phone Number   Work Phone Number     Cell Phone Number   Cell Phone Number     Mame   Home Phone Number     Cell Phone Number   Cell Phone Number     Mame   Work Phone Number     Cell Phone Number   Cell Phone Number     Mame   Work Phone Number     Health Insurance Information: It an presently covered by standard health insurance providing for medical treatment, and such insurance will be fully effective during the entire period of my visit to Hope College. My health insurance information is as follows:     Name of Primary Medical Insurance Company   Address     Address   Phone Number     Policy/Contract Number   Group Number of the Policy     List all allergies and/or medications you are currently taking:   Medical Treatment Authorization. I agree that I will be responsible for ascertaining and attending to my own health and medical needs at all times during my camput visit. Hope College, and all of their respective offices, trustees, agents, and employees are authorized (Out are not obligated) to take any actions or for payment for such a	Address		City/State	Zip	
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Parent/Guardian Signature Date	Student Signature			Date	
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This form must be completed and returned with the registration materials for the event. Please make sure that the parent/guardian has signed the form.