



GEORGETOWN UNIVERSITY  
2012 SUMMER AT GEORGETOWN

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**Georgetown University**  
**Medical Permission Form for Minor Students**

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Summer Program: \_\_\_\_\_

Permission is hereby granted to the Student Health Service (SHC) or its qualified designee to interview; assess; test; and, if necessary, treat the above-named student as deemed advisable.

[Please note—The SHC charges for all services]

If the student will be under eighteen years of age on the first enrollment at Georgetown University, a parent or guardian should sign below.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates attending Georgetown University: \_\_\_\_\_

Is the student currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for taking medication: \_\_\_\_\_

Does the student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain

\_\_\_\_\_

Is the student covered by health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Complete Health Insurance Information (please attach a front and back copy of insurance card):

Policy Holder's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date