

## SWU OUTDOOR PROGRAM MEDICAL AUTHORIZATION

Permission is hereby granted to the Southern Wesleyan University and outdoor program leaders to proceed with any medical or minor surgical treatment, x-ray, examination and/or immunization deemed necessary for the well-being of the below named student.

We understand that in the event of serious injury or illness, the attending physician or anyone he/she designates, will make every attempt to contact me in the most expeditious manner possible. If unable to contact me, permission is hereby granted for treatment/or procedures deemed necessary for the well-being of the below named student.

While participating in any Southern Wesleyan University program, sport, or activity, we expressly authorize all physicians and/or medical facilities who render treatment to the below named student to release copies of their records to the appropriate Southern Wesleyan University department (Athletics, Outdoor Education, Physical Education, Student Health Services, Counseling) and its insurance carrier to ensure proper follow-up treatment and expedition of insurance coverage.

A photocopy of this authorization shall be considered as effective and valid as the original.

Student Name \_\_\_\_\_ SS# \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if student under age 18) \_\_\_\_\_

Date \_\_\_\_\_