



Medical Consent Form

FOR STUDENTS UNDER EIGHTEEN ONLY

Toccoa Falls College requires all students who will not be 18 years old by check-in day to have a parent or legal guardian complete and submit this Medical Consent Form.

Parents and guardians are reminded that the College Health Services only provides First Aid, care for general sickness, advice on health issues and ordinary over-the-counter medicines. When deemed advisable, students are encouraged to have a doctor visit. Several doctors are within close proximity to the college. It is important that the student be aware of their personal insurance guidelines concerning their network of doctors, co-pays, etc. Please make sure that the student has a copy of their most recently updated insurance card.

It is the policy of the Student Health Services that all student medical records are confidential. No information is released without written authorization of the student except in certain emergencies, public health situations, or under a court-ordered subpoena. The undersigned does also hereby give permission for the minor to ride in any vehicle designated by Toccoa Falls College in whose care the minor has been entrusted while seeking medical assistance.

Student's Name _____ Student's date of birth ____/____/____
Please Print

Home Telephone: (____) _____

Mother's Work: (____) _____ Mother's Cell: (____) _____

Father's Work: (____) _____ Father's Cell: (____) _____

Guardian's Work: (____) _____ Guardian's Cell: (____) _____

Health Insurance Carrier _____ Policy Number _____

Person to be notified if parents/guardian are not available:

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

CONSENT OF PARENT OR GUARDIAN FOR MEDICAL OR EMERGENCY TREATMENT

I/we authorize Health Services, Stephens County Hospital or any other Medical facility, to secure for my/our student any necessary emergency or urgent medical treatment that the College may reasonably consider necessary under the circumstances.

This does not include the right to perform surgical procedures without my further consent, except in the case of emergency and when after all effort has been made to locate me, I am found unavailable.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

Please return all documentation to:

Mail: Toccoa Falls College OR Email: health@tfc.edu OR Fax: (706) 282-6026
Student Health Services
107 Kincaid Dr. MSC 787
Toccoa Falls, GA 30598