MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY
HIT THE GROUND RUNNING PROGRAM
MEDICAL/INSURANCE RELEASE FORM

In order for HGR to assist with obtaining medical treatment for your child if necessary, please complete this form and return it to the address listed below by July 1, 2018.

I hereby give permission to the medical personnel selected by the HGR Staff to order X-rays, routine tests, and treatment for my child, _________________________________ (please print). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the HGR Staff to hospitalize and secure appropriate treatment for my child, named above.

Name of Parent/Guardian (print) Date

Signature of Parent/Guardian Emergency day-time phone number

Should your child need to be hospitalized, the hospital will need the following information:

Name of insurance company: __________________________________________

Policy Number: __________________________________________

Company Phone Number: __________________________________________

Primary Care Physician: ______________________________________________

Primary Care Physician Address and Phone: _______________________________________________________

Please note any medical conditions or prescriptions we should be aware of:

____________________________________________________________________________________________

____________________________________________________________________________________________

Please note any special dietary needs:

____________________________________________________________________________________________

____________________________________________________________________________________________

Please return this form no later than July 1, 2018

Hit the Ground Running Program
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