

**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, 2019.

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, 2019

**Hit the Ground Running Program
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Rolla, Mo 65409**

**573-341-7276 phone
573-341-7912 fax**