



2006

Medical Information Form

This form **MUST** be completed by **ALL MEMBERS AND NEW MEMBERS** at the beginning of each school year and submitted to the chapter president. If there is a chapter house, all forms shall be given to the house director, to be retained for the entire school year.

Personal Information

Student's name: _____

Parents/guardians' name: _____

Parents' address: _____

Parents' telephone number (home): _____ (work): _____

Person to notify in case of emergency by attending medical personnel **ONLY**.

Name: _____ Relationship: _____

Telephone number: _____

Special health needs and precautions:

Statement of Responsibility

I/We agree that Sigma Kappa, its chapters, officers, directors, members, affiliated or related person and entities, employees, agents, and representatives are not responsible for any injury incurred while on sorority property and/or while participating in a sorority event.

Consent For Medical Treatment

I/We give permission for medical treatment of the above named student for illness or accident. I/We hereby release Sigma Kappa, its chapters, officers, directors, members, affiliated or related persons and entities, employees, agents and representatives from any and all claims arising out of or relating to any such medical treatment.

Date: _____ Parent/guardian signature: _____

Date: _____ Parent/guardian signature: _____

Date: _____ Student's signature: _____