SCHOOL OF NURSING
MEDICAL RELEASE

INSTRUCTIONS: To be completed by **ALL** students. This **MUST BE** signed in the presence of a notary. An ID must be provided.

Patient Name: _____ Date: _____

I grant permission to the Health Department or the local hospital or medical doctor to render emergency treatment to me that might be deemed necessary.

I understand that I am responsible for any costs incurred and the College is not financially obligated.

_____
Signature of student, parent or guardian
(In ink in the presence of Notary Public)

Sworn and subscribed to me this _____ day of _____, 20

State of Florida, County of _____

_____
Signature of Notary Public