

Medical Authorization

I hereby give my permission and authorization for any necessary medical treatment to be given to

 Student's Name

While he or she is a student of Mid-South Christian College and will assume financial responsibility for such treatment.

It is further agreed that an official of the College is empowered to act as agent for the student in the event that he or she becomes incapable of making decisions for themselves.

In the event of serious injury or illness the parents or guardian will be notified by telephone if possible.

Date: ____ / ____ / ____

Student's Signature: _____

Parent / Guardian Signature: _____
(If student is a minor)

Family Physician's Name, Address, and Phone Number: _____

Telephone numbers where parents or guardians may be reached:

Home: (____) _____ - _____ Business: (____) _____ - _____

INSURANCE INFORMATION

_____ is covered by
(Student's Name)

(Insurance Company Name)

(Group or Policy Number)



Mid-South Christian College

3097 Knight Road
Memphis, TN 38118-3151
Tel. 901.375.4400
Fax 901.375.4085
E-mail: info@midsouthcc.org