



CONSENT TO MEDICAL CARE AND/OR MEDICAL TRANSPORT

Student: I consent to medical care and/or medical transport by Babson College Health Services/Babson Sports Medicine.

Name of Student (Print)_____

Student's Signature_____Date_____Age_____

MUST BE SIGNED BY PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE, AND IS VALID UNTIL AGE 18

Parent/Guardian: I hereby grant permission to the Director of Babson College Health Services/Sports Medicine or authorized representatives, to furnish such medical care as my son/daughter may require, including examinations, treatment, immunizations and so forth. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or surgery, the Director will use reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director from obtaining such emergency treatment as may be necessary under the circumstances.

Name of Parent/Guardian (print)_____Date_____

Signature of Parent/Guardian_____