



Registrar's Office **EMERGENCY CONTACT INFORMATION**

Please complete all portions of this form. The information on this form is confidential.

Name _____ Date of Birth _____
last first middle

Address _____
street city state zip country

Sex _____ Anticipated term of entry @ GC _____

Name and address of medical insurance company _____
Policy number _____

Pharmacy plan? Yes No Dental plan? Yes No

CONSENT FOR TREATMENT

I hereby consent to receive medical care (or care for my minor child or ward under 18 years of age to receive medical care) from the health care providers at GC Student Health Services and their agents and consultants, including area hospitals. I authorize such treatment as x-rays or other diagnostic studies, as, in the judgment of the attending health care provider, may reasonably be necessary to preserve and protect my health (or the health of my minor child or ward). This consent shall remain in effect until revoked by the student (or parent) or the student is no longer enrolled at GC.

Signature of Student Date

If the student is under 18 years of age at the time of enrollment, the form must be signed by the parent of guardian.

Signature of Parent or Guardian Date

PERSON TO NOTIFY IN AN EMERGENCY SITUATION (preferably close relative)

1. Name _____ Relationship _____
Address _____ Office Phone _____
Home Phone _____

2. Name _____ Relationship _____
Address _____ Office Phone _____
Home Phone _____

Please mail the completed form to:

**Registrar's Office
Georgia College
Campus Box 69
Milledgeville, GA 31061
(478) 445-6286**