

# THE CITADEL MEDICAL EMERGENCY FORM

1. In the event I cannot be reached, I hereby give permission to The Citadel Physician or any physician selected by The Citadel Physician to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for

Name of Student \_\_\_\_\_

Social Security Number  
( ) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Telephone Number  
( ) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

2. I certify that \_\_\_\_\_ is now insured for hospitalization and medical treatment with \_\_\_\_\_

Student

Company

, under

Address/City/State/Zip \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Policy Number

Policy Holder

Social Security Number

I also certify that this insurance will remain in effect during the period while my son/daughter/ward is at The Citadel, unless I notify The Citadel in writing to the contrary. In the event this insurance coverage is inadequate or unacceptable to the hospital concerned, I will be responsible for all hospital and medical treatment charges which are not paid by the aforementioned insurance. **BE SURE THAT THE STUDENT HAS AN INSURANCE CARD OR A COPY OF THE CARD. A copy of the insurance coverage would be beneficial.**

3. My son/daughter/ward (is) (is not) [circle correct choice] a military dependent. The Sponsor's SSN is \_\_\_\_\_.

The Sponsor is:  Active Duty  Retired

Please check the appropriate box: My son/daughter is enrolled in Tricare

is enrolled in Tricare Prime (HMO)

is enrolled in Tricare Standard (Old Champus)

4. Do you have a prescription card?  Yes  No (if yes, please provide prescription card information and/or a copy of the card.)
5. Your signature grants permission for your son/daughter to be treated by the infirmary medical staff.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### NOTE TO PARENTS/GUARDIANS:

Number 1 above is to ensure that your child receives immediate medical treatment in the case of an emergency.

Number 2 is required by Charleston Hospitals.

Number 3 is to identify military dependents.

Number 5 authorizes treatment.

**This form is MANDATORY and must be received before the start of the school year in order for your child to be eligible for treatment at The Citadel Infirmary.**