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Medical Questionnaire Consent

Information on your Entrance Medical record is confidential and may only be used as an aid in providing necessary healthcare and accessing medical risk. Kalamazoo College Student Health Center is affiliated with Bronson Hospital for the use of Epic electronic medical record system. A list of affiliated partners and a notice of privacy practices may be found on the Bronson web page <https://www.bronsonhealth.com/who-we-are/privacy/>.

This Agreement may be executed and delivered by facsimile or electronic transmission, in one or more separate counterparts, each of which when executed and delivered shall be deemed an original, but all of which together shall constitute the same agreement.

All statements above are true to my knowledge, and I have no health problems or medical restrictions not mentioned in this record. I consent to mental, medical and surgical treatment and procedures as may be directed by the Kalamazoo College Medical Staff. I authorize the release to any representative of my insurance company, or required governmental agency appropriate medical information requested.

Student Name (Print): _____ ID: _____

Student Signature: _____ Date: _____

If you are presently **under 18 years of age, your parent/guardian must sign below.**

I, for my minor child, hereby consent to mental, medical, and surgical treatment and procedures as may be directed by Kalamazoo College Medical Staff. I authorize the release to any representative of my insurance company, or required governmental agency appropriate medical information requested.

Parent/Guardian Signature: _____ Date: _____

If you are presently **under 18 years of age AND will participate in a trip with Outdoor Programs/LANDSEA, your parent/guardian must sign below.**

I, for my minor child, hereby consent to mental, medical and surgical treatment and procedures as may be directed by Kalamazoo College Staff. I authorize the release to any representative of my insurance company, or required governmental agency appropriate medical information requested.

This authorization is effective during the duration of the program, signed below.

Parent/Guardian Signature: _____ Date: _____