ONONDAGA
COMMUNITY COLLEGE

Emergency Health Release Form for Minors

PLEASE PRINT

Student Name_____
Legal Last Legal First

Parent Name_____
Legal Last Legal First

Address_____

City_____ State_____ Zip Code_____

Home Phone: _____Cell Phone: _____Work Phone: _____

Age_____ Date of Birth_____ Male _____ Female _____

My child has the following medical conditions or disability (include allergies or medications):

_____

I give permission to Onondaga Community College to provide my child _____
_____with emergency medical treatment and/or transport by ambulance to the hospital in an emergency while my child is on campus.

_____ _____
Signature of parent or guardian Date

In the event of an injury or illness, I can be reached at the following number: _____

If I cannot be reached, please contact:

Name: _____ Phone: _____

Please return to: Onondaga Community College Office of Lifelong Learning
4585 West Seneca Turnpike
Syracuse, NY 13215-4585

Office Use: Student ID# _____