



## Emergency Health Release Form for Minors

**PLEASE PRINT**

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_

**In case of a medical emergency, I give permission to medical personnel to provide my child, \_\_\_\_\_, with emergency medical treatment and/or transport by ambulance to the hospital.**

\_\_\_\_\_  
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  
OCC @ Liverpool  
8015 Oswego Road  
Liverpool, NY 13090

Office Use: Student ID# \_\_\_\_\_