



The Honors Symposium at Harding University is hosted by the Honors College. The program provides an opportunity for students to embark on a life-changing journey for the purpose of growing spiritually and academically.

HONORS SYMPOSIUM

Medical Release Form

Name	Last:	First:	MI:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:
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STUDENT'S GENERAL INFORMATION

Home Phone:	Email Address:	
Home Address:		
City:	State:	Zip:

EMERGENCY CONTACT INFORMATION

Mother's Info (or guardian)	Name:	Daytime Ph:	Evening Ph:
	Address:		
Father's Info (or guardian)	Name:	Daytime Ph:	Evening Ph:
	Address:		
Emergency Contact <small>(if above are unreachable)</small>	Name:	Daytime Ph:	Evening Ph:
	Address:		Relation:

INSURANCE INFORMATION (PLEASE PROVIDE A COPY OF YOUR MEDICAL ID CARD)

Name of Medical Insurance Company:	Policy Holder:
Policy #:	PLEASE PROVIDE A COPY OF YOUR MEDICAL ID CARD

STUDENT'S HEALTH HISTORY (PLEASE ATTACH ANOTHER SHEET IF YOU NEED MORE SPACE)

	Type of Allergy	Date of last reaction	Reaction you had	Usual treatment for a reaction
Allergies:				

List any medical/psychological/social problems	Date of Diagnosis/Onset

Please go to the next page ---->

Recent Surgeries

<i>Type of Surgery</i>	<i>Hospital</i>	<i>Year</i>

Recent (or significant) Hospitalizations or ER visits

<i>Reason for Hospitalization</i>	<i>Hospital</i>	<i>Year</i>

List all meds

Name of Medication	Strength (Dosage)	Frequency Taken	Reason for taking

Medical Release Statement

I _____ (print name) consent to the above-named student to participate in Harding’s Honors Symposium. I further authorize the Honors Symposium personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness or injury to the above student and will accept the financial responsibility for said medical assistance.

Signature of parent/guardian: _____ **Date:** _____

Students will not be permitted to attend the Honors Symposium if both pages of this medical release form are not completed in full.

Signature of Student: _____ **Date:** _____