

Bradley University Undergraduate Admission Office

Parental /Guardian Consent and Medical Authorization Form

This form must be submitted to the Office of Undergraduate Admissions, 1501 W. Bradley Ave, Peoria, IL 61625 (Fax # 309-677-2797) by the date of the arrival for the student's overnight stay at Bradley University.

The student will not be able to participate in the program without the submission of this form.

Student Information:

Name (please print neatly) _____

Address _____ City _____ State _____

Male _____ Female _____ DATE of VISIT _____

Medical Authorization and Release

-I (parent) understand that my child will be participating in an Overnight Program. I understand that Bradley University staff and members of Club BU will not supervise or "chaperone" the students during this visit and that my child will/may be on his/her own and that Bradley University Staff will only facilitate my child's visit.

-If your son/daughter is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that physicians affiliated with the Health Center may promptly carry out appropriate diagnosis and treatment and provide emergency health service procedures with no unnecessary delay. Without a signed permission for treatment, physicians affiliated with the Health Center will not treat your son/daughter unless an emergency exists or his/her presenting condition is exempted from requiring parental consent and/or notification by State of Illinois Law. Even with a signed permission for treatment, the Health Center will contact and fully inform you as a parent or legal guardian before any affiliated physician performs any major diagnostic/treatment procedure except in an emergency. It should be understood that under certain circumstances your son/daughter will be transported to St. Francis Hospital for diagnosis and treatment.

-I give my permission to any physician affiliated with Bradley University's Health Center to furnish such diagnostic, therapeutic, operative procedures and transportation as may be deemed necessary for my son/daughter who is under the age of 18 years. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as a result of treatment or examination by physicians affiliated with the Health Center or other Health Center staff.

-I understand that alcoholic beverages and narcotics or other controlled substances are not permitted except with valid prescriptions. Students found to have bought, consumed, used or possessed such items or who are found in possession thereof without such prescriptions will be immediately asked to leave the program. Possession is defined as anyone who has actual physical contact of any kind with those substances OR is found to be knowledgeable of the possession of the substances by others and does not immediately remove him or herself from the situation and inform a Bradley University Undergraduate Admission or Residential Life staff member.

-The possession or use of firearms, ammunition, BB guns, air rifles, firecrackers, explosives, slingshots, knives (including pocket knives) or other weapons of any description, for any purpose is prohibited. Any violation of this rule will result in dismissal from the Overnight Program.

-The regulations listed above are not all-inclusive. All state, local and federal laws and University policies must be complied with during your overnight stay on campus.

We have read and fully understand all provisions of this Consent and Medical Authorization Form.

Student/Parent/Guardian Signatures

Student Signature _____ Date _____

Parent/Guardian Signature _____ Relationship _____