MEDICAL CONSENT FORM FOR MINORS

Dear Parent or Legal Guardian:

The purpose of this consent form is to obtain permission from the parent or legal guardian for Roanoke College Student Health Center to treat a student who is under the age of 18 and therefore legally a minor.

Roanoke College Student Health Center has my permission to treat my son or daughter, (Name of student) _____ in the event of a medical emergency or for minor injuries and illness (including administration of vaccines such as tetanus, influenza, and/or meningitis).

_____	_____
Name of Parent/Guardian of Minor (print)	Relationship
_____	_____
Signature	Date
_____	_____
Street Address	Home Phone
_____	_____
City, State, Zip	Work or Cell Phone

EXEMPTIONS TO PRE-ENTRANCE HEALTH IMMUNIZATIONS REQUIREMENTS
(Sec. 23-7.5 Code of Virginia)

MEDICAL EXEMPTION **(PHYSICIAN'S SIGNATURE REQUIRED)**

(Print Name of Student)_____should be exempt from some or all of the pre-entrance immunization requirements noted on the Roanoke College Health Record. Administration of the following immunizing agents would be detrimental to this student's health. However, I understand that in the event of an outbreak, unvaccinated students will be at increased risk for becoming ill.

_____

(List immunizations)

Physician's Signature_____Date_____

_____	_____
Physician's Printed Name	Office Address and Phone Number

RELIGIOUS EXEMPTION*

I,(Print name)_____wish to be exempt from the immunizations requirements noted on the Roanoke College Health Record because administration of immunizing agents conflicts with my religious beliefs. I release Roanoke College and their agents and employees from any responsibility for any impairment of my health resulting from this exemption. *I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease at Roanoke College, the State Health Commissioner may order a student's exclusion from college, for my own protection, until the danger has passed.*

_____	_____
Student's Signature	Date

***DOES NOT APPLY TO TUBERCULOSIS (PPD) SKIN TEST**

DUE ONE MONTH PRIOR TO THE BEGINNING OF CLASSES
Please return all health forms to: Roanoke College Health Services, 221 College Lane, Salem, VA 24153
Phone (540) 375-2286-----Fax (540) 375-2252----------email: monroe@roanoke.edu