



TOCCOA FALLS
C O L L E G E

Campus Preview Weekend Consent Form 2012

Student Name: _____

Under 18: *(to be signed by Parent or Guardian)*

"I authorize Toccoa Falls College, in whose care the minor has been entrusted, to consent to any emergency medical examination, diagnosis, treatment and/or hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital."

"The undersigned does also hereby give permission for the minor to ride in any vehicle designated by Toccoa Falls College, in whose care the minor has been entrusted, while attending and participating in the activities sponsored by Toccoa Falls College."

Father Mother Legal Guardian

Name: _____

Emergency Phone #: _____

Signature: _____

Date: _____

18 and older: *(to be signed by Previewer)*

"I authorize Toccoa Falls College to consent to any emergency medical examination, diagnosis, treatment and/or hospital care to be rendered to me under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital."

"I hereby give permission for Toccoa Falls College to provide me with necessary transportation while attending and participating in the activities sponsored by Toccoa Falls College."

Name: _____

Emergency Phone #: _____

Signature: _____

Date: _____