

Georgetown University School of Continuing Studies Summer Programs for High School Students 3307 M St. NW, Suite 202

Washington, DC 20057 Phone: (202) 687-7087 Fax: (202) 687-8710

Email: highschool@georgetown.edu

Submit your forms online at <a href="http://summer.georgetown.edu/forms">http://summer.georgetown.edu/forms</a>

## 2016 Medical Permission Form Please attach a front and back copy of student's insurance card\*

Name of Student:	Birth Date:	
Address:		
Summer Program:		
Permission is hereby granted to the Student Health assess; test; and, if necessary, treat the above-name Center charges for all services.	Center or its qualified designee to interview; d student as deemed advisable. Please note: The Studen	ıt Health
<b>PART I:</b> If the student will be under eighteen year University, a parent or guardian should sign below.		
Date:Name:		
Relationship to Student:		
Home Address:		
Telephone: Dates studer	nt is attending Georgetown University:	
Is the student currently taking any medication? Ye Medication:	s No Dosage:	
Reason for taking medication:		
Does the student have any allergies? Yes No	o If yes, please explain	
Signature of Student	Date	
Signature of Parent/Guardian	Date	
<b>PART II:</b> Is the student covered by health insuran Complete Health Insurance Information (Please att	ce? Yes No tach a front and back copy of insurance card):*	
Policy Holder's Name:	Company:	
Policy Number:	Group Number:	
Person to contact in case of emergency: Name:	Phone number:	
Name:	Phone number:	
Signature of Student	Date	
Signature of Parent/Guardian	Date	

\*International Students registered in the Summer Programs for High School Students will automatically be charged and enrolled in the international student health insurance plan administered by HTH Worldwide. International students are not required to complete Part II. International Students will be provided with an insurance card from HTH Worldwide.