MEDICAL FORM

Please provide medical information on this form.

RETURN COPY DIRECTLY TO ALEGENT

Attn: CSM Student Files
Alegent Bergan Mercy Occupational Health Services
7500 Mercy Road
Omaha, NE 68124
402.398.6581
FAX: 402.398.6001

EMERGENCY PERMISSION

Consent for Treatment

(This section to be completed only if student is 18 or younger.)

I hereby give permission for medical treatment to be given to ______________________________________

Name of Student

Signature of Student _______________________________________________  Date ____________________

Signature of Parent or Guardian _______________________________________Date ____________________

RELEASE OF INFORMATION

All information contained in the student’s health record is maintained by Alegent Bergan Mercy Occupational
Health Services for College of Saint Mary. I, _______________________________, hereby authorize Alegent
Health to release requested parts of my medical information to authorized college administration, staff or
faculty for the purposes of clinical/fieldwork clearance, athletic program documentation and/or residence life
emergency files.

Signature of Student ________________________________________________  Date ___________________

If student is 18 or younger –
Signature of Parent or Guardian ________________________________________ Date ___________________

Form 2

S:/Practical Nursing Program/Forms/Medical Form