

**MISSOURI UNIVERSITY OF SCIENCE AND TECHNOLOGY  
HIT THE GROUND RUNNING PROGRAM  
MEDICAL/INSURANCE RELEASE FORM**

In order for HGR to assist with obtaining medical treatment for your child if necessary, please complete this form and return it to the address listed below by June 24, 2009.

I hereby give permission to the medical personnel selected by the HGR Staff to order X-rays, routine tests, and treatment for my child, \_\_\_\_\_ (please print). In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the HGR Staff to hospitalize and secure appropriate treatment for my child, named above.

\_\_\_\_\_  
Name of Parent/ Guardian (print)                      Date

\_\_\_\_\_  
Signature of Parent/Guardian                      Emergency day-time phone number

Should your child need to be hospitalized, the hospital will need the following information:

Name of insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Please note any medical conditions or prescriptions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

Please return this form **no later than** June 24, 2009

**Hit the Ground Running Program  
209 Norwood Hall • 320 West 12th St.  
Missouri University of Science & Technology  
Rolla, Mo 65409**

**573-341-4608 phone  
573-341-7028 fax**