

COLBY COLLEGE
OFFICE OF OFF-CAMPUS STUDY
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PERMISSION FOR EMERGENCY TREATMENT
EC215: MADE IN CHINA: THE LONG RIVER, JAN PLAN 2009
PHILIP H. BROWN

Part I. TO BE COMPLETED BY THE STUDENT

Please complete the following emergency information. Completion of this form, in conjunction with your Confidential Physician's Report, will help to obtain appropriate attention in case of illness or emergency.

I HEREBY GRANT PERMISSION TO THE PROFESSOR OF EC215, PHILIP H. BROWN, TO HOSPITALIZE AND/OR SECURE PROPER TREATMENT FOR ME, _____, IN CASE OF MEDICAL EMERGENCY AND IN THE EVENT THAT:

1. I AM UNABLE TO COMMUNICATE;
2. THE PROFESSOR IS UNABLE TO COMMUNICATE WITH MY PARENT/GUARDIAN; AND/OR
3. ACCORDING TO THE PROFESSOR'S BEST JUDGMENT, FURTHER DELAY MAY JEOPARDIZE MY PHYSICAL WELL-BEING OR LIFE.

Signature*

Date

PARENT OR GUARDIAN'S EMERGENCY CONTACT INFORMATION:

Name

Relationship

Home phone

Work telephone

Cell phone

Part II. TO BE COMPLETED BY THE PARENT OR GUARDIAN

On rare occasions, a medical emergency arises and we are unable to contact a parent or guardian. In order to avoid delays, we request that the following permission be signed by the above listed student's parent or guardian.

I HEREBY GRANT PERMISSION TO THE PROFESSOR OF EC215, PHILIP H. BROWN, TO HOSPITALIZE AND/OR SECURE PROPER TREATMENT FOR MY SON/DAUGHTER/WARD, _____, IN CASE OF MEDICAL EMERGENCY AND IN THE EVENT THAT:

1. NEITHER MY SON/DAUGHTER/WARD NOR THE PROFESSOR IS ABLE TO COMMUNICATE WITH ME; AND/OR
2. ACCORDING TO THE PROFESSOR'S BEST JUDGMENT, FURTHER DELAY MAY JEOPARDIZE THE PHYSICAL WELL-BEING OR LIFE OF MY SON/DAUGHTER/WARD.

Signature*

Date

Relationship

*Original signatures only