

The Leadership Experience 2021
Medical Release Form

I, _____, hereby give any official of Oklahoma State University or paid staff member of the President's Leadership Council the authority to seek emergency and non-emergency medical attention for _____ if and when any such medical attention is required. I agree to accept all financial responsibilities that result from medical attention being sought.

Guest's Full Name

Guest's Signature

Date

Guardian's Signature

Date

Emergency Contacts:

Primary:

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

Secondary:

Name: _____ Relationship: _____

Day Phone: _____ Night Phone: _____

If you have any dietary restrictions, please use the space below to explain what they are. At OSU we do our best to accommodate your dietary needs.