



MORRIS COLLEGE
100 W. College Street
Sumter, South Carolina 29150

EMERGENCY TREATMENT FORM

Name of Student: _____

Address _____

Telephone () _____

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____

Telephone () _____

Alternate:

Name _____ Relationship _____

Address _____

Telephone () _____

PERMISSION TO TREAT

I, hereby, authorize Morris College to provide emergency treatment for _____

SIGNED: _____ Relationship _____

Date _____

This form must be completed by a parent, guardian, spouse, or the closest relative.

Please return this form immediately in order to complete the student's file.