



PARENTAL RELEASE
(Students Under 18 Years of Age)

STUDENT'S NAME: _____

STUDENT'S UNG ID: _____

As the parent or legal guardian of _____, I give my permission for him/her to receive necessary, routine medical attention while enrolled at UNG.

PARENT/GUARDIAN (PLEASE PRINT)

RELATIONSHIP

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Students covered under Parent's Health Insurance should attach a copy of their insurance card to expedite treatment in the event off-campus referral is required.