



To Whom It May Concern:

I, _____, hereby give McNeese State
(parent or legal guardian)
University Student Health Service permission to treat my son or
daughter _____ medically, and/or send to doctor's
office, and/or proper medical facility.

(Signature of parent or legal guardian)

(Address)

(telephone numbers, home,work, and cell phone)

Please list any allergies to medicines, or advise Student Health Service of any specific health condition which may exist.