Office of Health Services
MacClosky Townhouse Commons
515 Loudon Road
Loudonville, NY 12211
Telephone# 518-783-2554
Fax# 518-783-2961

CONSENT FOR RELEASE OF MEDICAL INFORMATION FOR STUDENTS WITH SPECIAL HEALTH NEEDS

I, _____, give the Siena Health Service permission to release my name, medical condition and pertinent medical information to Siena College Department of Public Safety and the Vice-President of Student Affairs or Designee in order to facilitate appropriate emergency care if the situation should arise.

_____
Signature of Student

_____
Signature of Parent if Student is under age 18

_____
Date

_____
Witness

Please list the information you would like to release:

Name:_____

Medical Condition(s): _____
(include diagnoses like diabetes, asthma, seizures, severe allergies)

Pertinent Medical Information:_____

_____

_____
(include medications such as epi-pen, insulin, asthma inhalers and other special health needs) It is strongly recommended that you make your roommates and RA aware of any special health conditions.