

# Bethune-Cookman University

## Student Health Services

### Consent Release for Notification of Hospitalization

Name: \_\_\_\_\_ Student id: \_\_\_\_\_

**Bethune-Cookman University Student Health Services has permission to speak with the following individuals in the event of a medical emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_