

CONSENT TO ADMISSION AND TREATMENT

In the event of injury to the undersigned, born on _____, 19_____,
Social Security # _____ - _____ - _____, I hereby authorize that
the University of Miami or representatives thereof, to admit me to a facility for emergency
medical treatment as may be deemed necessary to my health or welfare.

I hereby consent to whatever medical treatment is deemed necessary. I, on my behalf, and on
behalf of my heirs, successors, assigns, and personal representatives, hereby release the
University of Miami, its trustees, officers, faculty and employees from any and all claims
arising from my admission to such facility or from such treatment administered by such
facility.

Persons to contact in the event of an emergency are listed below.

DATE

STUDENT'S NAME

In the event of an emergency, please contact:

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE

NAME

ADDRESS

TELEPHONE