



OFFICE OF ACADEMIC ACCESSIBILITY

MEDICAL RESPONSE PLAN

Effective Date: _____ Review/Termination Date: _____

Applicant Name: _____ Student ID#: _____
Last First MI

Residence Building: _____ Room _____ Telephone: _____

Home Address: _____ Home Phone: _____

INSTRUCTIONS SPECIFIC TO MY MEDICAL CONDITION:

- 1. Type of Medical Disorder _____
2. Medications taken: _____
3. Medication location: _____

4. Symptoms/Manifestations:
Mild/Moderate: _____ Severe/Emergency Level: _____
Response: _____
Call Paramedics
Transport to emergency room
Other

- 5. Preferred local hospital if needed: _____
6. Friend to call _____ Name Phone
7. Family to notify _____ Name Phone

I give my permission to release the information provided above to Messiah University Department of Safety, Residence Life, Engle Center, and faculty in whose classes I am registered. I understand that emergency medical assistance may be summoned by Messiah University personnel and agree to be fully responsible for the cost of such assistance. I am aware that I may refuse emergency medical assistance after it has arrived. I release Messiah University, its employees, officer and trustees, from all liability for injury or loss which I may suffer as a result of my health condition.

Signature of Applicant _____ Date _____

Signature of Parent (if applicant is under 18) _____

Distribution:
Table with 2 rows and 6 columns: Applicant, Dept of Safety, Disability Services, Residence Director, Engle Center, Residence Life, Emergency Dispatch

