



Medical Waiver and Information Form
ONU SUMMER ACADEMIC and HONORS INSTITUTE

This form must be notarized

I hereby authorize and consent to medical treatment for my son or daughter _____
in case of injury or illness while attending the Ohio Northern University Summer Academic and Honors
Institute.

Signature of Parent: _____

Primary Insurance Company Name: _____

Group or Plan Number: _____ Plan Number: _____

Secondary Insurance Company Name: _____

Group or Plan Number: _____ Plan Number: _____

Name of Insured: _____

Please list all allergies of your son/daughter:

Medications: _____

All Other Allergies: _____

Please list any current medications your son or daughter is taking and the dosage:

State _____ County of _____ Signature of Insuring parent:

_____ Before me, a notary public in and for said state and
county, personally appeared the above named _____ that he/she did sign the
foregoing instrument and the same is his/her free act and deed.

In TESTIMONY WHEREOF, I have hereunto set my hand and official seat at CITY _____
_____ STATE _____ this _____ day of _____.

(Notary public) _____