

Please sign the following optional form if applicable and return by June 30, 2008.

Wheaton College

Medi-Alert List

The Office of Health & Wellness annually provides the Director of Public Safety, the Dean of Students, the Dean On-Call, and the Area Coordinator On-Call with a Medi-Alert list. This is a confidential listing of students with specific health conditions that assists first responders in providing prompt emergency care when required. It is strongly suggested that you participate in the Medi-Alert program if you have a specific medical condition or health concern.

If you'd like to be included on the Medi-Alert list, please sign below and return this form to the Office of Health & Wellness.

I, _____,
give the Office of Health & Wellness permission to release information from my medical record to Wheaton College Public Safety Officers, the Dean of Students, the On-Call Dean, and the On-Call Area Coordinator for inclusion on the Medi-Alert list.

I understand that my name will remain on the Medi-Alert list as long as I remain enrolled at Wheaton College.

Signature _____ Date _____

Medical Diagnosis _____