

# MedPass Immunization Form

Print clearly using blue or black ink

Student Name: Bob Smith

*Medical Treatment Consent (For Student Under 18): I hereby authorize The University of Alabama diagnostic procedures and to render any treatment or medical, surgical, psychological or psychiatric care deemed necessary to the health and well-being of my child. I grant permission for the transfer of my child to an accredited hospital or other health care facility if deemed necessary by the medical or mental health provider.*