

**Albright College
Gable Health Center
P.O. Box 15234, Reading Pa, 19612-5234**

The hospitals named below and the Gable Health Center require "parental permission" for admission and /or treatment of any person not of age. In order that such a form is available to send to the hospital in case of sudden illness or emergency, we ask that the form below be completed, signed and returned to the Gable Health Center.

PARENTAL PERMISSION FOR TREATMENT, OPERATION, ANESTHETIC AND AGREEMENT TO PAY HOSPITAL BILL

Permission is hereby granted to the authorities of the Gable Health Center, The Reading Hospital and Medical Center, or St. Joseph's Hospital for such procedures as may be indicated or necessary in the case of an emergency.

NAME _____

In consideration of the Gable Health Center, The Reading Hospital and Medical Center, or St. Joseph's Hospital furnishing to the above, such hospital services or care as may be necessary or proper, the undersigned, intending to be bound hereby, does agree to pay the hospital, upon presentation of the bill, the expenses and charges for such services and care.

Signature of Parent or Guardian

Address

Date

In case of emergency, every effort will be made to get in touch with the parents or guardian. Please indicate other telephone numbers of individuals through whom you may be reached.

