



## Carthage College Health History Refusal Form

I, \_\_\_\_\_, refuse to fill out the health history form for myself and/or my child. I understand that refusal to fill out the health history form is in violation of the Kenosha WI health code. In the event of personal health emergency I will not hold Carthage College liable for any accident or injury that may occur during my stay at Carthage.

\_\_\_\_\_

Minor or Participant's Name

\_\_\_\_\_

Participant or Legal Guardian's Signature