



CARTHAGE
COLLEGE

Carthage College Health 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 that may occur during my stay at Carthage.

Minor or Participant's Name

Participant or Legal Guardian's Signature