Student Conduct and Community Responsibilities A Unit of the Dean of Students Office Illinois State University

Request Form for Utilizing the Medical Amnesty and Good Samaritan Policy

Name:	UID #:
Location of incident:	Date of incident:
Describe the incident:	
Provide names and/or contact informati provided.	on for anyone who can support the information you've
Please explain how you got aid for your emergency personnel.	rself or someone else, and how you cooperated with
 upon the following criteria: You must have sought (and cooper someone else, or have requested so You must have played an appropria If available, you must provide any information you've provided. 	ated with) emergency assistance/personnel for yourself, omeone seek emergency assistance for you. ate role in obtaining emergency assistance. names or contact information for anyone who can support the complete appropriate educational sanctions for any alcohol lations.
	Case Manager will make the final determination as to the es the right to reject a student's request for deferred sanction
For SCCR Staff: Amnesty Approved Amnesty Denied	
Rationale:	