Medical Amnesty and Good Samaritan
Request Form

Name: ___________________________  UID#: ___________________________

Date of Incident: _________________  Location of Incident: _________________

Description of Incident:

If available, provide any names or contact information for anyone who can support the information provided.

Please describe your level of cooperation with emergency personnel to aid in the care for yourself or someone else.

Community Rights and Responsibilities will consider the request for protection afforded under the policy based upon the following criteria:

1. You must seek emergency assistance for yourself, someone else or have someone seek emergency assistance for you.
2. You must have played an appropriate role in obtaining emergency assistance.
3. If available, provide any names or contact information for anyone who can support the information provided.
4. You cooperated with emergency personnel to aid in the care for yourself or someone else.
5. You must accept responsibility and complete appropriate educational sanctions for any alcohol and/or other substances related violations.

Based upon the totality of the incident, the Case Manager will make the final determination as to the applicability of these provisions and reserves the right to reject a student’s request for deferred sanction under this policy.

FOR OFFICE USE ONLY:

☐ Amnesty Granted
☐ Amnesty Denied

Rationale:

Please document the assigned Intervention in the Advocate system as sanctions.