

MEDICAL AMNESTY/GOOD SAMARITAN POLICY

Request to Invoke | *Luther College*

This request should be submitted to the Office of Student Engagement (OSE) within one week of the incident for consideration before your meeting with OSE staff.

Student Submitting Request

Student Name	
Luther ID	
Phone	
Luther Email	

Please Complete the Following

1. Did you seek medical assistance for another person who was under the influence of alcohol and/or drugs?
2. Did you or someone else seek medical assistance for you because you were under the influence of alcohol and/or drugs?
3. If you sought medical assistance for another student due to your level of concern about their level of alcohol and/or drug intoxication, please describe the incident and your role in obtaining medical assistance.
4. If you sought medical assistance for yourself or someone sought medical assistance for you due to your level of alcohol and/or drug intoxication, please describe the incident. If an alcohol intoxication, please provide the blood alcohol level recorded by Safety & Security, EMS or the emergency room.
5. Please provide any names and contact information for anyone who can support the information provided above.

If you believe you are eligible for Medical Amnesty, please review the policy and submit the required form before this meeting to: students@luther.edu