

CONSENT FOR TREATMENT OF A MINOR

Name: _____ Birthdate: _____

Address: _____ Phone: _____

I, the undersigned, as the parent of legal guardian of a minor child, (name) _____, (social security number) _____, hereby authorize diagnostic medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child. It is distinctly agreed and understood that the attending physician and appropriate staff shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and is fully released from any and all claims and demands whatsoever which arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows and provided that these services are performed with ordinary care and the best of their ability.

In case of Emergency, Parent/Legal Guardian Can be reached at:

Address _____ Telephone _____

Allergies: _____

Current medication: _____

Date of Last Tetanus Booster: _____

Pertinent Medical History: _____

In case of emergency please call, illness or accident to the above named student, please check below whom college personnel should contact. Use 1, 2, 3, etc. to indicate your first choice, second choice and so on.

Name	Home Phone	Business
() Mother:		
() Father:		
() Adult Relative:		
() Friend:		
() Family Physician:		

Hospital preference if conditions warrant immediate transportation (by ambulance if necessary)

Name of Insurance _____ Group Number _____

The school does not assume any financial obligation, but does provide the best service possible in an emergency. By signing this form you are giving us authority to follow the above procedure.

Check if the above named student has any of the following conditions:

Diabetes___ Convulsions___ Hemophilia___ Heart Condition___ Allergies___ Asthma___ Other _____

Is this student under any type of medication? If so, what? _____

For what conditions? _____

Other information the college should know about? _____

Should this information change during the year, please contact the TRIO office, (361) 354-2715.

Should this student develop a serious health problem, please notify the director.

Date

Parent or Legal Guardian Signature