

Medical Treatment Authorization For Minor

I am the parent or legal guardian of _____ a minor whose date of birth is _____ and who is enrolled in an activity at or is a student at Purdue University ("Purdue").

If while participating in activities sponsored by or conducted in association with or under the auspices of Purdue, or while on Purdue property, said minor or student requires emergency medical treatment of any kind, I hereby authorize Purdue (including its employees, agents, and representatives) to provide or obtain such treatment either at facilities owned or managed by Purdue, or at hospitals, clinics, or other healthcare providers which provide the required treatments. This authorization and consent encompasses all reasonably necessary medical care required by such emergencies, including but not limited to medical transport, hospital tests (such as pathology or radiology), anesthesia, surgery, and administration of prescription drugs.

I assume full responsibility for all medical expenses incurred as a result of such emergency treatment.

If the minor is a Purdue student, this authorization will expire on said student's eighteenth birthday.

EXECUTED this day of _____, 20_____.

Signature of Parent/Guardian

Printed name of Parent/Guardian