

**AUTHORIZATION TO RICE UNIVERSITY TO PROVIDE
EMERGENCY MEDICAL, GENERAL HEALTH, AND/OR MENTAL HEALTH SERVICES &
TREATMENT OR TO GIVE CONSENT TO OTHER PROFESSIONALS TO PROVIDE THESE
SERVICES TO A MINOR STUDENT**

I/we, the parents or legal guardians of _____, (Date of birth : _____), authorize Rice University and its employees, agents, or representatives to provide the services we have indicated below to my/our son/daughter, who is a minor student attending (or participating in a program in residence at) Rice University:

Emergency medical services and treatment (though no parental consent is required in life-threatening situations);

General medical services and treatment; and

Mental health services and treatment.

I /we also understand that an attempt will be made to notify us prior to treatment if our son/daughter is in need of medical treatment or care, but Rice University and its employees, agents or representatives may rely on this authorization in situations where notification is unsuccessful or where a written authorization is required.

I/we also authorize Rice University to consent to such treatment or hospitalization by other medical services providers as may be deemed necessary under the circumstances, including, but not limited to, hospitalization, x-ray examinations, anesthesia and surgery. I/we authorize Rice University to provide the medical professionals treating my son/daughter with the medical history that Rice may have on my son/daughter, if requested by the medical professionals.

We intend for this authorization to take effect and treatment may begin as of the date we sign the authorization, and the authorization will remain in effect until the minor student reaches the age of 18.

I/we understand that Rice is not responsible for providing any insurance for my/our son/daughter in connection with treatment or care, and that any medical or hospitalization expenses not covered by my/our insurance is my/our responsibility.

I/we RELEASE, HOLD HARMLESS, AND COVENANT NOT TO SUE, Rice University, its students trustees, employees, members of Rice Emergency Medical Services, Student Health Center, Rice Counseling Center and all other representatives from and for any and all claims, causes of action, damages and liabilities from any cause, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University or others.

Date: _____

Signature of Parents or Guardians: _____

Printed Name of Parents or Guardians: _____

Relationship to Student: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Health Insurance Carrier: _____

Policy Number. _____

OPTIONAL MEDICAL HISTORY

Know Allergies (including medicinal allergies): _____

Medical needs or conditions: _____

Current medications AND dosages: _____

Physician's Contact Information:

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

