## CONSENT OF PARENT OR GUARDIAN FOR MEDICAL TREATMENT

## To Parents and Guardians of Applicants under Eighteen (18) years of age:

In order to quickly procure any emergency care that may be necessary for our students and at the same time to protect the physicians and institutions involved, it is necessary that you sign and have notarized the consent for emergency treatment below. This is required for enrollment at Siena College if the student is under 18.

I,		pursuant to the authority
vested in me as	of	
PARENT-GUAR	DIAN STUDE	NT'S FULL NAME
x-ray examinations, and immuniza	ations, for the above-named student. In njury, I understand that an attempt will	edical or minor surgical treatment, laboratory tests the event of serious illness, the need for major be made by the attending physician at the local
TUDENT'S FULL NAME		
STUDENT'S BIRTHDATE		
	Signed	Date
	Subscribed before me this	day of20
	NOTARY BUILDING (WITH SI	EAL)